

FINAL REPORT

**DEPENDENT ADULT ABUSE PROFESSIONAL
FORUMS 2006**

DISCUSSION SESSION FINDINGS

Sponsored By:

Iowa Department of Elder Affairs

Iowa Department of Human Services

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BACKGROUND

1998 Dependent Adult Abuse Professional Forums

Sixteen forums were held across the state to hear from professionals working in the field about how the dependent adult abuse law and system worked. Opinions were sought on what was working well, what could work better and what their suggestions might be for improvements and/or changes at the local and state level.

- The forums were held in Burlington, Carroll, Clinton, Council Bluffs, Creston, Decorah, Des Moines, Dubuque, Fort Dodge, Marion, Mason City, Muscatine, Ottumwa, Sioux City, Spencer and Waterloo.
- 316 individuals attended representing 71 counties
- Questions asked:
 - How do the current laws, services and systems help protect elders and dependent adults?
 - What needs to be improved?
 - What can we do to create the ideal system for protecting dependent adults?
- Summary of 1998 Forums
 - Education to Raise Awareness and Work Toward Prevention
 - Education for Mandatory Reporters
 - Systemic Changes Need to Occur
 - Adequate Funding Needed

BACKGROUND

2003 Dependent Adult Abuse Follow-up Survey

The Dependent Adult Protection Advisory Council (DAPAC) sponsored and developed a follow-up survey. The questions were based on the summary outcomes which included the following topics: General Systemic Issues; Training and Education; Reporting; and Awareness of Dependent Adult Abuse and Elder Abuse.

- 1000 surveys were disseminated to the organizations or entities that were represented at the 1998 forums
- 301 surveys returned (30%)
- Summary of 2003 Survey
 - An Increase in Abuse Awareness is Needed
 - Increase in Communication
 - Continue to Collaborate with Community Partners to Build a Service Delivery and Protection System

BACKGROUND

2006 Summary of The Top Priorities For Change

Nine forums were held across the state to continue the ongoing dialogue with professionals and stakeholders about how the service delivery and protection system for dependent adults and elders is functioning. Opinions were sought on what was working well, what could work better and their suggestions for improvements and/or changes at the local and state level.

- The forums were held in Ankeny, Council Bluffs, Dubuque, Iowa City, Marshalltown, Mason City, Mount Pleasant, Ottumwa, and Sioux City.
- 212 individuals attended representing 52 counties
- Questions asked:
 - How do the current laws, services and systems help protect elders and dependent adults?
 - What needs to be improved?
 - What can we do to create the ideal system for protecting dependent adults?
- Summary of 2006 Forums
 - Clear and consistent guidelines and protocols for determining dependency, what constitutes abuse, negligence and gross negligence and the implementation of active multidisciplinary teams
 - Expand the Elder Abuse Initiatives statewide which includes prevention, early intervention, support services, emergency shelters and specialized investigators
 - Education and training for law enforcement, county attorneys, investigators, community providers, consumer directed attendant care (CDAC), direct care workers and stakeholders including prosecution and penalties
 - Funding for public awareness, Elder Abuse Initiative statewide, and the Office of Substitute Decision Maker

Ankeny Group

WHEN: August 18, 2006

COUNTIES:

Boone	Polk
Jasper	Story
Madison	Webster
Marion	Union

ATTENDEES: 33

TOP PRIORITIES FOR CHANGE

Further clarify and provide consistency on the definition of what constitutes abuse, dependency, negligence and gross negligence

Funding for comprehensive protective system, services for victims, specialized dependent adult investigators, education, and training

Education and training for law enforcement, county attorneys, investigators, community providers and stakeholders including prosecution and penalties

Attendees:

Theresa Armstrong, Department of Human Services, Des Moines
 Debra Berry, The Homestead, Runnells
 Lynn Boes, Davis Brown Law Firm, West Des Moines
 Susan Briley, Mercy Capitol, Des Moines
 Bradley Cole, Valley View Village, Des Moines
 Kathy Davidson, Lakeview Center for Senior Health, West Des Moines
 Marsha Edgington-Bott, Woodward Resource Center, Woodward
 Rita Fine, Iowa Caregivers Association, Des Moines
 Nietra Isaac, Webster Iowa Central Industries, Fort Dodge
 Frank Kiener, Mercy Medical Center, Des Moines
 Valerie Kreimeyer, Bishop Drum, Johnston
 Mark Lents, Afton Care Center, Afton
 Beth Lind, Iowa Central Industries, Ft. Dodge
 Patrice Linke, Jasper County Department of Human Services, Newton
 Kathy Lonergan, Genesis Development, Boone
 Angela Martens, Elderbridge Area Agency on Aging, Ft. Dodge
 Liz May, Mercy Capitol, Des Moines

Eyleen McKinley, Genesis Development, Winterset
 Bruce Mehlhop, Signature Care Centers, Johnston
 Jean Minahan, Department of Human Services, Des Moines
 Gail Olsen, Colonial Manor, Zeoring
 Mary Quinn, Mercy Medical Center, Des Moines
 Deb Rieck, Independent Nursing Consultant, Bondurant
 Lin Salsaberry, Iowa Caregivers Association, Des Moines
 Paulette Schmidt, Bickford Cottages, West Des Moines
 Shirley Sorenson, Des Moines Area Community College, Ankeny
 Jone Staley, Department of Human Services, Des Moines
 Kathy Strang, Continuum Health Care Service, Knoxville
 Becky Swift, Office of Drug Policy Control, Des Moines
 Roseann Vinsand, Webster Co Disabilities Alliance, Fort Dodge
 Kendall Watkins, Iowa Health Care Association & Iowa Coalition of Assisted Living, West Des Moines
 Beth Wessel-Kroeschell, Iowa State Representative, Ames
 Nancy Woods, Department of Human Services, Des Moines

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- A system of awareness, reporting, definitions and sanctions exists
- Mandatory reporter training is required through standard curriculum
- Advocacy groups working to protect adults provide services and allow for self determination

Individual Responses:

- Allows for a specific place to report possible dependent adult abuse
- Criminal / civil liabilities for dependent adult abuse
- Specific criteria on definitions of abuse
- Reports get pretty good response in Polk county
- Shelters for dependent adults
- By providing definitions of elders and dependent abuse
- By defining the different types of abuse
- By providing information to the community about resources available for elders and dependent adults
- Has helped identify abused and neglected elders in the community
- Has channeled services to individuals needing assistance
- Provides avenues for addressing ways to protect the dependent adult
- Defines abuse which helps the Department of Human Services to then move to higher levels (law enforcement, courts) if needed to ensure the dependent adults safety
- Educate staff
- Identify it
- Report it
- Publicize it
- Changes in registry for direct care workers
- Awareness
- Provide some services
- Stop social security checks going to payee
- Set guidelines – education
- Forms – filing times
- Set needs of information
- Change of command with reporting
- How things are investigated / reported
- Mandatory reporters
- Protect consumers rights to self determination

Individual Responses #1 (continued):

- Inform consumers of available services
- I believe the services, laws and systems are good
- Sets a system by which allegations can be reported
- Sets a system by which these allegations are investigated
- Gives broad definition to guide mandatory reporters (which is also defined)
- Overall in Polk County, the system seems to be working. I work in a hospital setting, we get prompt assistance when reporting abuse / neglect concerns
- Mandatory reporter training is available, and required – not all states require training
- Ability to share some abuse information on an individual in the home
- Increased education
- Increased communication
- Provides education in nursing facilities for consistent education in dependent adult abuse so everyone is informed and it is better than it used to be
- Allow for ways to call the state
- Educate public
- Laws are fairly complete
- Mandatory reporter training for providers
- Through training of what dependent abuse is and how to report by adding to list who can report and train
- Give departments more power to do the right thing, not just the guidelines of the law
- Provide a system for reporting
- Provides funding for education (limited)
- Provides staff (limited) to investigate reported abuse
- Determines / defines who should be protected
- Provides resources to elder abuse
- Provides penalties for those founded cases of abuse
- Provides reassurance to the growing elderly population that there are advocacy groups available to them
- Clarify who mandatory reporters are
- Reports are founded or unfounded
- Unfounded reports are kept one year rather than 10 days
- Shelters for elders / dependent adult
- Provide systematic way for citizens to report observations of abuse / neglect
- Respond to reports with investigations
- Remove the victim from the situation which puts him/her at risk
- It is a good start toward helping the frail elderly etc. Getting the information out is very important
- Dependent adult abuse information is widely disseminated in the long term care arena
- I believe there is a high degree of compliance with reporting in the long term care arena
- Laws have been expanded to provide shelter access to services for dependent adults
- Complex dynamics
- Provide sanctions to those who abuse, exploit or neglect these individuals
- Provide information to those in “caretaker” or mandatory reporter roles about what their responsibilities are

Individual Responses #1 (continued):

- Creates a system of support for elderly and dependent adults and recognizes them as vulnerable populations
- Long term care facilities have the Department of Inspections & Appeals for follow up on reports of elder and dependent adults
- Mandatory reporters who note abuse and report it are required to have training in elderly and dependent abuse every 5 years
- Iowa code 235B explains abuse criteria
- Department of Human Services is available to take abuse reports
- Current system provides support
- If a person is not competent an emergency order can be obtained to either put services into the home or remove the person from the home
- Helps people get needed services – may not know what services are out there and that they may be eligible until the Department of Human Services gets involved
- Helps limit who can be a direct caregiver if founded abuse – must be evaluated and may not be allowed to be a caregiver
- Require caregivers to report suspected dependent adult abuse
- Defines what abuse is and who a dependent adult and caregiver is
- Requires agencies to train employees on mandatory reporting requirements and also requires this training to be repeated
- Curriculum must be consistent throughout the State of Iowa for all dependent adult abuse reporters - Reviewed annually and new laws added
- Providing some training
- Oversight in facilities
- The requirement to have an approved curriculum was a step in the right direction as it helped to promote / provide a more consistent training program for mandatory reporters.
- The change in the law to have the observer directly report to the department was a good change
- Because there are mandatory reporters, at least some abuse is being reported
- Improved, consistent, education
- More investigators for the Department of Inspections & Appeals for abuse issues
- Better definitions of abuse
- Helps with identification of need
- Provides access to services and ongoing support
- Need to educate mandatory reporters further

Question #2

What needs to be improved?

Summary:

- Process of determining if guardianship is needed, training guardians, and the process for removing a guardian if abuse has occurred
- Remove the discrepancies of what constitutes abuse and dependency as well as need consistent interpretation within the community and in facilities
- Reporters of abuse need feedback once the report is made
- Differentiate between negligence and abuse
- A number to report dependent adult abuse that is easy to remember
- Education to the public and more frequent training to mandatory reporters
- Funding is needed for the investigative system, education and training and for services to keep a victim safe
- Training on laws and penalties for dependent adult abuse to law enforcement and county attorneys
- Services available and funded to meet emergency needs

Individual Responses:

- I wish there was some type of competency hearing to determine if a guardian is appropriate for a dependent adult. Without any follow up on the actions a guardian makes, this leaves the dependent adult vulnerable to possible abuse
- Services need to be bigger more defined. Be more proactive, put the fire out before it starts
- Would like to see a move to have all instructors providing the training be required to attend a Train the Trainer course and perhaps be “tested out” before they can provide the training
- I believe there is a lot of incorrect information only because of word of mouth
- Find a way to determine if a person is an appropriate guardian for a dependent adult or develop an easier mechanism for removal of an inappropriate guardian – however without someone interested in taking over the guardianship, then what?
- Administrators or supervisors of community based programs need to know the outcome of the abuse reports if it involves an employee so appropriate action can be taken
- Easier number to know to report abuse
- What about verbal abuse? The Department of Inspections & Appeals federal standards require administrators to report verbal abuse which is not clearly defined and is not in Iowa law
- Updated abuse statistics to include in curriculum
- More proactive approach to call to the Department of Human Services – not wait until something bad happens then intervene
- Sometimes that there is such a long time frame from calling in and having the problem resolved that caused the abuse
- Should be easier to report

Individual Responses #2 (continued):

- I am concerned that the recent changes to the case management program for the frail elderly has taken out most of the checks and balances for vulnerable adult protection i.e. new definition of the case management team; financial gain for case managers
- Employees report being hesitant to report for fear of retaliation by their co-workers. What training can be provided to help employees do the right thing and how to be safe and not afraid to report
- Wide discrepancies on what surveyors see as abuse
- The change in the law to have the observer directly report to the department was a good change; however, it did result in some problems for administrators since they would no longer receive a letter identifying the outcomes of the abuse report as it is only sent to the mandatory reporter who made the report and the letter states that the report is confidential and can not be shared. If that employee no longer was employed, how would they know the outcome?
- Shelters are difficult to come by, to provide a safe environment
- Education system: after the initial 2 hour training, people who are actively involved with patients blow off the information in the additional 2 hours because they work with it on a daily basis
- More timely feedback related to abuse findings
- Funding
- While there are laws that exist that are to protect dependent adults, it seems the gap comes following a Department of Human Services assessment in finding support and resources for the dependent adult. Most generally the dependent adult is resistant to having services in the home and the county attorney and courts do not have a good grasp on what to order. In many cases the dependent adult has alienated family, neighbors, friends and so those resources are not there
- Don't trample on individual's rights – they should be told if they are an abuse perpetrator “suspect” and of their right to have counsel
- Negligence is not defined, gross negligence especially – needs to be minor adjustment in law
- Current law does not provide for after care – once abuse is identified there is not a good result for care. People end up in Intermediate Care Facility / nursing homes and often cannot remain in their own homes
- Guardians do not have to answer to anyone – they make all life choices for an individual and having that guardianship changed is almost impossible for a person who will continue to need guardianship. Providers have to be so careful because if the guardian becomes upset they will pull the person from services then there is no one to protect the individuals interests. It is better at times to remain and try to advocate from within then to lose the client and worry about if they are OK
- The current law does not address reoccurrence. People get back into the same problems over and over
- There are still inconsistencies between the Department of Inspections & Appeals, Department of Human Services and the Department of Elder Affairs as to how they look at dependent adult abuse
- The negligence standard for dependent adult abuse should be changed to reckless or gross negligence as it removes very capable and qualified health care providers for at times, a single mistake with a negative outcome. This ultimately hurts the dependent adult who will have no capable care givers able to render services to them (who will want the risk of having to be perfect?)
- The founded verses unfounded determination is inadequate. At a minimum, there should either be a return to founded, unfounded, undetermined or adopt protocol used in child abuse Iowa Code 232.71D(2). If the department determines the injury or risk of harm to the child was minor and isolated and is unlikely to reoccur – its not placed in the registry
- Guardianship program – education for providers

Individual Responses #2 (continued):

- Increased funding for program enhancement
- The public needs better education on this whole area. Maybe presenting to church groups or service groups might be a start
- Continued education of the public / care providers
- Communication between state, county and local services and departments working with these issues
- Consider more frequent education for mandatory reporters. Standardize the content of the education
- More clarity in evaluating situations for reporting by long term care or acute care providers
- I believe there probably needs to be more resources dedicated to hiring investigators
- Legislative support
- After care – services needed
- Interpretation of the law – defined so understood by care providers
- Law enforcement needs more training on laws that pertain to dependent adult abuse and their role in protecting dependent adults
- Updates
- Catchy phone number like 911
- Awareness
- Funding
- Stiffer penalties
- More shelters
- Improve public awareness
- Get more county attorneys involved
- Better educate adult protective investigative staff
- More law enforcement training
- Education – on what caregivers can do / have
- Let the elders speak for themselves. Gather those that can with legislators, so they (legislators) see it first hand. Just because people are old doesn't mean they don't or can't have a voice
- Stronger education on abuse in the classroom for direct care workers
- Information needs to be written in an "user friendly format"
- Consistence with monitoring, reporting, etc, decisions
- Updates
- Follow up care
- Meanings not clear at basic level
- Updates on ability of guardians, conservators (i.e. health mental) and ways to get an incompetent determination changed
- Training for manager / administrators of assisted living homes needs to be a yearly training with specific areas of financial exploitation with family informed what they can report and to whom
- Funding
- Differentiate between negligence and abuse
- They still are under protected
- Too many times our hands are still tied
- Place like foster home for dependent adults
- Parts of state need to investigate more – awareness, information etc
- More services in more remote areas

Individual Responses #2 (continued):

- Better training for assessment workers
- Power of attorney powers limited
- Law enforcement more training on their roles
- Carry through after people call
- Funding
- Awareness of what abuse is and how to report abuse
- Too many curriculum
- Define negligent
- Everyone knows 911 – we need an easy to relate to number
- Continue increasing communication among providers, community partners
- Funding to put services in place
- Ongoing awareness
- Education for investigators, legal system, assessment workers
- Like idea of having a shelter service available to meet emergency need
- Need to have quicker response to identify a guardian for “abandoned” dependent adults
- Need to fund the unfunded mandates such as “Substitute Decision Makers Act”
- Increase public awareness of this issue and how to report
- Clarify what can be done with an “abandoned” dependent adult – i.e. someone with multiple health (physical / mental health) problems choosing to live alone in life threatening circumstances – person has no identified caretaker
- Definitions are very broad (purposely) however this makes it difficult for individuals to understand their role and different types of abuse, mistreatment, etc.
- State law is always written in a manner that is less than adequate for people to understand
- There is not enough clarification of what constitutes negligence. As a result, a simple error or accident is resulting in unwarranted abuse allegations
- Education of agency personnel is inconsistent
- Financial abuse standards are inconsistently enforced
- When Iowa petitioned CMS for case management to become a billable service, I feel that they failed to consider the domino effect. I think the new program needs to be looked at in a much broader view and rules put into place for the clients protection
- Changing the provider codes. Increase the consistency of code interpretation
- Improve the adult protective investigation intake process
- The curriculum that is being taught out in the field. Especially a new film or DVD
- Consistency between the law and the actions
- Need to change definition of negligence
- There is no mechanism to deal with institutional or organizational abuse (i.e. long term care insurance companies that delay payment of legitimate claims thereby jeopardizing the care and comfort of their insured)
- Communication – service providers, investigators, interdisciplinary teams (Elderly Waiver), throughout investigation process. It has been my experience that the investigator only looks at what is visible in the home (client environment) and doesn’t get a full picture from service providers or other family
- Training needs to be part of curriculum for Certified Nurses Aide, nursing, physicians. Should be mandatory

Individual Responses #2 (continued):

- Ability to talk directly with someone on issues
- More awareness of how to contact help to mandatory reporters
- More guidelines and definitions for surveyors. It is usually a personal judgment
- Caregivers / caretakers – need to be better trained so as to be able to deal with situations that arise, when they are providing care, in the most beneficial / patient / caring manner in hopes that some of these “coping” skills will lessen the incident of abuse. Long term care facilities need to play a bigger role in communicating / training / observing their staff when taking care of elders / dependent adults and following up with those who are given care to make sure it is being provided in the best manner
- Consistency / application across the board of code interpretation
- One organization providing the oversight
- Does not allow for human error / mistakes – honest mistakes
- Educate the public – public outcry is what changes the law; encourage clients and their families to call their legislators – not perpetrators obviously
- Educate legislators – here is a situation I had; here is how the law stopped me from helping in this situation
- How will we fund it. Because of tax cuts over the last 10 years, the state revenue have suffered significant decreases. Last year the economy grew a little, but the legislature passed a \$118 million annual tax cut to seniors. That will decrease our revenues by that much
- Talk to your legislator about how (what tax \$) you support using for this program. Raise taxes? What taxes? Cut another state program? Which?
- Negligence – gross negligence
- I think a more “user friendly” approach to the problem would be less threatening in most cases. The level of abuse is of course to be taken into consideration but in many cases using a family team meeting approach may get as a better outcome. So many times by the time Department of Human Services hits the dependent adult’s doorsteps the dynamics of the situation are so intense that the problem is multi-faceted and there are way more issues than the family. The community expects Department of Human Services will just deal with – that goes way beyond what Department of Human Services can and is there to do
- NOTE: just kind of an FYI that we see that is not mentioned often – we see a fairly high number of dependent adults in their own home where animal neglect is also a concern – which makes sense when someone is having difficulty meeting their own needs, they aren’t probably taking care of their animals. I have workers who have bought a lot of dog / cat food out of their own money
- More information needs to be provided to the general public about the laws and options available to caretakers – especially with the population growing older more children are being placed in the caretaking role. There needs to be a simple way for them to get information on this topic – their rights, responsibilities etc., penalties for abuse
- Educating the community in recognizing situations where abuse can occur in assisted living facilities and residential care facilities. Defining and instructing them where to call
- Possibly visiting with families of elderly and dependent adults who receive services or who are in a facility of criteria of abuse and teaching non-certified employees to recognize situations of possible abuse
- Look at differences and inconsistencies of the Department of Inspections & Appeals, the Department of Human Services & the Department of Elder Affairs – different definitions (dependent adult abuse and elder abuse)

Individual Responses #2 (continued):

- Clearer definition of dependent adult
- Dedicated adult protective staff - money for additional staff
- Development of more “experts” where do you go for doctors willing to say something is abuse
- Better training for caregivers
- Better training for consumers regarding what service options they really have
- Better training for agencies regarding need for record checks
- Consistency of information shared with people
- Expand to include those that may fall into the cracks of the law
- Give the Department of Human Services workers more authority when investigating claims
- More consistency between intake providers (i.e. one may actually begin an intake process while another says there is not enough information with the exact same information given)
- Employees of agencies need to have training on a more frequent basis to review at a minimum the new laws and signs of abuse and how to report
- Guardians need to be trained before becoming a guardian. Should include what they can and cannot do as a guardian
- Appeals are granted too easily for those who apply for an appeal. If founded it should be almost impossible to over turn
- More oversight of guardians, payees and family providers (Consumer Directed Attendant Care)
- The communication between agencies
- Increased education
- Increased funding
- Increased time with the victim to find aftercare alternatives. People need to feel safe and secure that they will get help and not go into a worse situation once they report
- The laws need to be broad to cover the issues that are not so specific such as guardians cutting people off from services and advocacy
- Protect people from reoccurrences
- Define for providers (guardians & families) before assigning
- Differences between guardian and conservator
- More specific definitions of dependent adult – residents in long term care facilities are being classified as dependent when many are not
- Response from records checks and also turn around time
- Consistency with investigators in interpretation of law, etc.
- Allowance for the human factor – in long term care an error or mistake can be identified as denial of care when there was no intent or wrongdoing intended
- Possibly match outcomes of elder abuse to outcomes of child abuse
- Better response with reports from long term care facilities to the Department of Human Services for possible family neglect, etc.
- The Department of Inspections & Appeals and the Department of Human Services seem to have differing identification and urgency of investigation of issues
- Have a special number for reporting that is easy to remember and access for centralized intake
- Increased services – more case workers to provide investigation and prevention
- Increase funding for programs
- Elimination of waiting lists for services
- Easier access for services

Individual Responses #2 (continued):

- Education about programs – law enforcement
- The law for Iowa is too limiting – too many reports are screened and people fall through the cracks of the system
- More publicity about Aging Resources [Area Agency on Aging]
- HIPAA laws can prevent families from being involved when they really should be

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary

- Mediation services to resolve concerns before abuse occurs
- Background checks – after employment as well
- Follow up after reports
- Court Appointed Special Advocates (CASA) for dependent adults and elders
- Continuing education requirements for all caretakers – paid & unpaid
- Funding for systems & services
- Prosecution and enforcement of law
- Community education
- Specialized dependent adult abuse investigators
- Support groups for caretakers
- Revisit definitions – need consistency in interpretation
- Standardized training
- Panel to determine outcome of investigation
- Emergency shelters and services / safe havens
- Single entity to report abuse
- Collaboration between agencies, law enforcement, county attorneys, and judicial system
- Stronger base of services

Individual Responses:

- Increase investigators that are specific to dependent adult abuse
- Have case managers for Medicare patients that could evaluate the home setting

Individual Responses #3 (continued):

- Offer support groups for caretakers – especially single children who may not have a support system of their own
- Develop a resource for children whose siblings might be the abuser to get help and information
- Revisit the definition for “incompetency” – a person can be “competent” and still be exploited or manipulated by a caretaker – there needs to be a way to intervene in these situations
- Specific training related to specialty area instead of global / generic training
- More training for surveyors
- Create a panel of individuals to determine outcomes of investigation. Include agencies outside of the Department of Human Services
- Uniform system for training
- Consistent definitions and interpretations and systems
- Possible training for providers / caretakers and investigators at the same time
- Possibly look at long term facilities in rural areas as a place for individuals to go if need be
- Have one group either the Department of Human Services or the Department of Inspections & Appeals investigate all instead of 2 entities
- Community education
- Educate the community about the value of all human life and each individual contribution to their community
- Differentiate between what is protection and what each individual persons rights are
- Respect individuality
- Encourage reports of abuse
- Enforce law and prosecute offenders
- Find better ways to get extended family involved or re-involved in the dependent adult’s life
- Educate public on self determination
- Have more Department of Human Services assessors specialized in dependent adult abuse
- Everyone needs to understand this is not something that is just a Department of Human Services problem – the community needs to be involved as Department of Human Services doesn’t do services
- Work more together – brainstorm
- More money from legislature
- First the lawyers of all the departments and lawyers for associations etc. should sit down and together review the current tools (Department of Human Services manuals on line have numerous errors) and Train the Trainer session by the Department of Elder Affairs have on occasion made statements inconsistent with the law. So get the lawyers on the same page
- Regular training by Department of Inspections & Appeals surveyors – how about certification by Department of Human Services? – that they understand they have authority to investigate claims in hospitals, or that they accurately apply the laws
- Get the word out
- Dedicated Department of Human Services workers to dependent adult abuse only
- Encourage citizens to monitor for possible abuse of dependent adults, as we do for children (money for public awareness campaign)
- Educate dependent adults that they do not have to tolerate abusive caregivers and that they will be protected by the system
- Take the fear of reporting away

Individual Responses #3 (continued):

- Not sure but any system will need funding. One contact center may also be important. If more than one agency is tracking there can be confusion regarding who to contact about what. Also one contact would be beneficial to the general public
- Education on gerontology in general to better understand the aging process. It would help better understand what is aging, what is disease process and what might cause poor judgment
- More training for Department of Human Services workers
- Establish services needed by dependent adults across the state
- More collaboration between the various players – Department of Human Services, law enforcement, county attorneys, service providers
- Education / training
- Funding for things seen as needs by a lot of people
- Stronger base of services – less dependent on one caregiver
- Focus on education for the public and care providers
- Make reporting as simple and easy as possible
- Open communication between state and county agencies internal and external
- Can you report on line rather than by phone
- Safe havens
- Agencies more oversight
- Funding in place
- A bigger, stronger, involved advocate system within the nursing facilities, within the communities, we know those people that need help within our own communities. More community awareness and involvement
- Give financial community support to build a team of supporters, helpers, reporters
- Need to be sure accurately get “informed consent” if someone due to mental incapacity doesn’t have guardian, it should be mandatory to provide. Especially mentally retarded adults; who a lot of times will agree without understanding as they are eager to please
- Assessment workers have specialist that focus on dependent adults
- Act on comments to question 2
- More funding to adequately support the laws which are being implemented
- More training and set definitions that will work for training staff to implement as consistently as possible
- Quick reference number for phone contact
- Quick reference number for e-mail contact
- Inform everyone and make them aware of how to report without repercussions
- Educate people as much as possible to their rights. They don’t lose rights just because they are in an institution or handicapped
- More workers to determine if case is founded to move more quickly
- Clearer wording for people with limited education to understand
- Communicate better within the varying state agencies and interested parties. We have many common goals and an open forum needs to be a continual, ongoing process
- Pull the different systems together with good oversight from the Governor’s Office
- Improve the safe haven system for frail elders
- Involve community
- State agencies who are really on the same page

Individual Responses #3 (continued):

- I think you need to educate the public. Show abuse visually on TV like they show depression
- Department of Human Services surveyors need to certify Department of Inspections and Appeals surveyors for abuse
- Standardize training of both caregivers and agency staff so that everyone has the same understanding of the element of the abuse law and how to report and investigate it
- Certified caretakers with continuing education requirements, testing requirements...standards of care that all caretakers must abide by whether they are paid or unpaid. I also think in an ideal system we could look at having a court appointed special advocate for elders the same as we do for children in the system.
- Nursing homes as safe havens – funding is an issue
- Increase communication between different players
- State agencies need to play well together better
- Competition between state agencies for money never in best interest
- Standards, standards, standards in training
- Adequately fund the programs
- Educate county attorneys regarding their responsibilities i.e. protective orders / guardian conservatorships
- Create emergency beds
- Expand Court Appointed Special Advocate (CASA) program to adults
- Ensure all involved are properly trained and provide consistent standards for the judicial system to use so that the inconsistencies between workers are no longer present in the system.
- Public education of the laws so the abuse does not start in the first place
- Enough funding to run all programs as expected [mandated]
- Start with funding for system / system review / providers of aftercare (including therapy if needed)
- Provide training and certification (increasing to providers / agencies / guardians / payees / advocates / agencies / case managers)
- Build a network for communication that does not get bogged down during the reporting process
- Provide information after a report to all parties involved
- Create aftercare options that decrease the reoccurrence rate and help people feel safe
- Better training of abuse not just to mandatory reporters, but to families who have dependent adults, other community trainings to lay people
- Abuse checks – how do facilities know when an employee has been “founded of abuse” after they already were employed and perhaps the abuse was not related to their employment. How will the agency become aware of any abuse after the initial records checks were performed
- Encourage facilities to network with each other so that pool employees don’t just go from one facility to another (i.e. maybe the abuse outcome was unfounded but the employee’s behavior was entirely unacceptable – maybe the employee swore at consumer, degraded him/her verbally, etc.)
- Clarification of Iowa’s law to assist in identification of those in need of protection
- Easier access to services to make dependent adults less dependent upon only caregiver
- More funds available for the frail / elderly
- Missouri has a county based program of services for the elderly to assist with in-home services. This allows more seniors to stay at home with greater visibility from agency providers (Senior Citizen Service Fund)

Council Bluffs Group

WHEN: August 2, 2006

COUNTIES:

Adair	Montgomery
Fremont	Page
Harrison	Polk
Mills	Pottawattamie
Monona	

ATTENDEES: 32

TOP PRIORITIES FOR CHANGE

Expand the Elder Abuse Initiatives statewide which includes prevention, early intervention, support services, emergency shelters and specialized investigators

Develop uniform and consistently applied protocols for determining dependency, reporting requirements, the implementation of multidisciplinary teams and prosecution of perpetrators

More frequent mandatory reporter training and community education

Attendees:

Dick Achenbach, Glenwood Resource Center, Glenwood
 Connie Brown, Glenwood Resource Center, Glenwood
 Kim Coffelt, VODEC, Council Bluffs
 Jeanne Franson, Villisca Good Samaritan, Villisca
 Lynn Gray, Lutheran Social Services, Council Bluffs
 Fred Grossman, Home Instead Senior Care, Bellevue, NE
 Carol Gutchewsky, Department of Human Services, Council Bluffs
 Kendalyn Huff, Support Services of South Central Ia, Greenfield
 Dan Kelley, Council Bluffs Police Department, Council Bluffs
 Dee Kempton, Department of Human Services, Council Bluffs
 Sarah Kleffman, Iowa Western Community College, Council Bluffs
 Margaret Kohles, Rose Vista, Woodbine
 Aubury Krueger, Southwest 8 Senior Services, Council Bluffs
 Dawn Kruse, Iowa Department for the Blind, Des Moines
 Mike McClellan, VODEC, Council Bluffs
 Jen Nash, Department of Human Services Case Management, Glenwood

Shelley Neill, Department of Human Services Case Management, Onawa
 Christy Nook, Page County Department of Human Services, Clarinda
 Deborah Pierce, Southwest 8 Senior Services, Council Bluffs
 Gordon Pratt, Department of Human Services, Clarinda
 Katy Rall, Glenwood Resource Center, Glenwood
 Brenda Randall-Jensen, Alegent Health Continuing Education, Council Bluffs
 Lori Rankin, Meals on Wheels/American Red Cross, Council Bluffs
 Rachel Robbarts, Waubonsie Mental Health Center, Clarinda
 Vicki Sunderman, Villisca Good Samaritan, Villisca
 David Sherer, Rose Vista, Woodbine
 Dawn Stane, Hospice With Heart, Council Bluffs
 Frank Velinsky, Caretech, Inc., Omaha, Nebraska
 Tricia Warner, Fremont County Community Services, Sidney
 Janet Winkler, Fremont County Community Services, Sidney
 Glenda Wiuff, Department of Human Services, Council Bluffs
 Becky Wohlers, Glenwood Resource Center, Glenwood

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Awareness and education efforts
- System for reporting suspected abuse
- Background checks
- Service availability to help protect and allow for in-home care and help the caregiver

Individual Responses:

- Monitoring, Mandatory Reporters, Case Managers, Advocates – All help protect because someone is watching over services
- There are more services for in the home so that the adult can remain at home with help. The in home services provide monitoring of the individual
- Availability of programs and services to assist in maintaining home placement
- Record checks are good
- Community awareness makes abuse harder to get away with
- Raising public awareness that something can be done (training)
- Giving agencies / facilities guide lines in reporting abuse (without fear of reprisal)
- They protect them if they are a certain age, if they are dependent or a caretaker, and abused. Criminal charges can be filed if proven guilty could go to jail. Doesn't happen too often
- Provide security to elders and dependent adults as well as to family members
- Regain trust
- Screens employees / providers
- Educate providers
- Guidelines
- Increase awareness
- The current system provides a way to report elder abuse and have the reports acted upon
- The record checks that facilities must do before employment prevent abusers from working with dependent adults in certain settings
- Current law addresses the needs of our most frail elders
- Service delivery aspect
- There is someone to report the abuse and neglect concerns to. The central number is convenient and the intake staff seem competent
- Dependent Adult Abuse laws provide the legal framework to intervene on an adults behalf
- Services (state funded, grant funded and volunteer) assist in addressing elderly / dependent adult services needs (medical care, homemaking, meals on wheels, etc.)

Individual Responses #1 (continued):

- The 3 criteria are beneficial as it makes for specific rules to follow. It's good to have a system in place to target people who feel unable to speak out against those who are taking so much advantage
- Awareness and education
- Identify – “define” dependent adults and abuse and reporting system for evaluation of the situation
- Mandated training for mandatory reporters
- Provides a system for who is responsible for what related to suspected dependent adult abuse
- The current laws and services enable us to report
- My experience is with institutionalized adults. It is mandatory for background checks and reporting

Question #2

What needs to be improved?

Summary:

- Access to emergency services
- Prosecution of perpetrators of dependent adult abuse
- Make Elder Abuse Initiative statewide by funding program
- More frequent mandatory reporter training and community education to raise awareness
- A system of protection for dependent adults which included access to funded emergency services with specialized workers for adults
- Develop uniform and consistently applied protocols for determining dependency and self-neglect if criteria are met.
- The implementation of multidisciplinary teams
- Standard guidelines for determining if a dependent adult can live alone safely
- Improve turn around times for background check reports and follow up to dependent adult abuse reports

Individual Responses:

- Available but multidisciplinary teams not well known
- Unsure of actions being taken / represented
- Large “hole” for victims to be protected
- Lack of communication between “agencies”
- As a mandatory reporter, we need more information on who to contact to report abuse issues. Often reports are not followed through. Background checks aren't always accurate and don't reveal some abuse issues. Abuse allegations need to include a category of emotional or mental abuse

Individual Responses #2 (continued):

- The current laws and services enable us to report but follow-up is not good
- “Sound” mind – living in horrible conditions. System to come together to help and intervene – doesn’t question county health inspector involvement
- Not always – sexual allegations & etc. – need to check on criminal backgrounds “checks nationally”
- I would like the law to be expanded. Change definition of dependent adults. Current law does not address service delivery for all of Iowa
- Make Elder Abuse Initiative available to the whole state of Iowa
- Have adult protective service workers in each county (Department of Human Services service area)
- Good that system is being monitored, but language is confusing. There are programs available but it is hard for some to “learn how to access” appropriate programs
- Provide funding for services for elder abuse victims
- So many visits to agencies, care centers, homes, etc. take place during the day. Very seldom do evening or overnight staff have to worry about someone dropping in to check things out
- The current laws seem to make an attempt to protect the elder American in general, however many gaps prevail. Specifically in Iowa, the independent elder who may be abused has to go through a whole other legal networking group which can leave them feeling confused and overwhelmed. The services are growing with the Elder Abuse Initiative – beginning in 7/06 as far as protection of older adults. The system still centers around older adults >60 dependent
- More specific definition of dependent adult
- The laws in place are meant to serve and protect those but these laws seem unclear due to restrictions on them or clauses that are hard to decipher
- More specific criteria for alleged abuse
- There is a gap in services for dependent adult who cannot live alone but are not over 65 and do not need 24 hour nursing home care. Many would benefit from an assisted living type situation but elderly waiver or Title 19 will not fund this stay for them even if they meet nursing home level of care. This would protect against self abuse and neglect of a dependent adult
- More efficient system for background checks
- Level playing field for background checks – employment on long term care employees, home health agencies, temp agencies
- Awareness / access to mandatory reporter training – how often, who to contact to provide, etc., 14 years of nursing can’t remember last training course
- Also reporting in facilities – have found with smaller facilities, how to report – never utilize services again
- Checking mandatory reporting agencies
- Training more often / simplify
- Community education as well as agency / group / provider organizations
- Get all reporting or responses to agencies together no “wrong door” policy
- Community Education: media, education, resources, response, financial exploitation
- Use senior centers, establish “safe havens” not on adult but child
- Access to emergency services
- Specialized Department of Human Services workers dealing with adults
- A legal clear way to communicate with other services (banking, home care) without breaking HIPAA

Individual Responses #2 (continued):

- Need to better address self neglect/abuse. “Provide a safer environment for care” Need better collaboration with other agencies that have specific services
- Emergency services
- Pool of court appointed guardian, conservator, etc. when a client has no family / supports
- Address agencies ability to withdraw services for adults who choose lifestyles that are not good situations yet they are not “dependent” by definition
- Access to residential care facility placement when nursing facility is not necessary
- Courts intervention in commitments for county residents. Counties have limited funds to pay for chronic medical / mental health instituted client services
- Resource distribution to front line staff regarding availability of services / agencies who can assist clients with multiple needs
- Prevention verses crisis intervention – better information to communities so elders / dependent adults can access services themselves
- Multidisciplinary – resource committee
- It sounds like the biggest problem is that once people are referred, there isn’t enough funding to be able to offer good alternatives
- As the elderly population ages in place, so do their dwellings. We need to be able to fix-up or repair their homes so they are safe for themselves and caretakers
- More training for employees, employers and financial institutions
- Current definition open to individual interpretation
- Need specific definition (or examples) responses for categorization of possible dependent adult referral
- What type of allegations and the severity of those
- Resources to look into the allegations
- More funding
- Means and resources to deal with elderly that live alone in unfit living conditions, poor personal hygiene, and yet are considered to be in “sound mind” because they know the date, day of the week, time of day, and who the president is. In Council Bluffs, persons below elderly age living in unfit conditions would have their house condemned until acceptable living conditions could be restored. Standard guidelines needed to determine when elderly should no longer be living alone. Something more needed than just “sound mind” criteria
- Communication and follow through by education of the public and agencies of mandatory reporters. The importance of elder abuse needs to be given as much attention as child abuse. Individual Consumer Directed Attendant Care providers need requirements for background checks and routine mandatory reporter training, basic first aid, etc. and need to be monitored
- The laws need to have teeth to make a change. The county attorneys need education and need to be willing to do something when there is a dependent adult
- Time investigation done
- One central notification agency; one number to Department of Human Services even for nursing facility; simple faster reporting
- Definition of verbal abuse; facility policy verses reported to Department of Human Services / Department of Inspections & Appeals
- No workers compensation for founded reports

Individual Responses #2 (continued):

- Check system
- There would need to be in place (shelters?) to take a dependent adult if they need to be removed from a home for safety reasons
- Teaching dependent adult how to better advocate for themselves
- Gap – dependent adults under the age of 60
- Everyone needs to have the same information, the simpler the better
- More training
- Funding
- Even though mentally competent, there should be something done; self denial of critical care – several clients fall into this category but not founded
- Check and balance system to make sure all people have training
- Time response to investigate the report
- Emergency shelters / services
- Funding needs to be improved for the initiatives and grants (Violence Against Women Act, Elder Affairs Initiatives)
- Communication between Department Elder Affairs, Area Agency on Aging, Department Human Services, County Attorneys
- Training – more train the trainers offered
- When record checks are conducted by facilities and there is a possible adult abuse hit, the report needs to come back in 1 to 2 days on whether or not it is an actual adult abuse case rather than 7 – 10+ days. It is discriminatory for us to have to delay or not hire an individual who has a possible hit
- Clear guidelines on reporting abuse need to be established for nursing homes and other institutions, so as not to clog the system. Missing small amounts of money by nursing home residents has been an issue
- Financial abusers are not prosecuted (at least in Harrison County). They are let off with a slap on the wrist and a promise to repay part of the missing funds. This costs the Department of Human Services (Medicaid) and nursing facilities money
- Elder Abuse Initiatives available in all of Iowa with adequate resources to successfully administer and execute the program
- Adult Protective Service workers in each Department of Human Services service area
- Changes to 235B to make law more easily understood
- More public education and awareness
- Collaboration for all entities involved
- Multidisciplinary teams, Multi-resource committee
- Access to emergency services
- Day hours limits effective use and probably “limits” what is seen. Especially for dependent adults as only 2% handled it is hard to give needed attention. Specifically define, give a checklist of sorts – factors to be met (like in child) too vague as currently defined
- Step by step instructions as to process with all the legal jargon, so easier to understand for all involved and educate this process(who, how, when, the expectations of “filer” and results)
- They do not always make the right referrals for community support and delay services or impede. Then they are out of the picture and doing nothing else. That’s what I found when I made a neglect/abuse call! Educate and motivate Adult Protective Services / Department of Human Services workers, otherwise, why make a report, except that as a mandatory reporter, I have to

Individual Responses #2 (continued):

- Workers own personal agendas can also cloud their objectivity (ex: if they don't like someone, they may be more apt to try to find abuse that is **not** truly there!). I've seen agencies "gang up on" innocent people and ruin their lives and careers! (and let the guilty go unpunished)
- Consumer Directed Attendant Care providers (especially family / friends not agencies) need more education on what is / is not abuse or neglect, as they can be unaware. The caregiver can unintentionally harm without knowing he or she is (ex: denying medical care or expecting more or less out of the dependent adult than is possible)
- Mandatory reporter training "curriculum" to be uniform and down to a 3rd grade reading and comprehension level
- Make the training to be required annually and make it 1 hour "simplify & shorten". Adult learners will have better retention and it will not cost employers that much more
- Training every 5 years not often enough! If you don't use it, you lose it!
- Local investigations

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary

- Education and training
- Funding
- Standard reporting requirements, investigation process and follow up
- Prosecution – local and state efforts
- National Abuse Registry
- A specifically funded department to handle all cases with specialized workers
- Services – both emergency and on-going
- Prevention and early intervention programs
- Elders and dependent adults feel safe and have adequate care
- Fund Elder Abuse Initiatives statewide
- Utilize multidisciplinary teams
- Develop informal support services for dependent and elderly adults

Individual Responses:

- Monitor – everyone should have someone watching over them if they can't defend themselves
- Educate direct care staff, not just administrators, etc.
- More access for employees to stop unemployment cases and better background checks to stop re-hires
- Education & motivation of everyone
- Make it simple and advertise it
- Money of course allotted for this
- Increase training
- Ease of reporting, standard form, standard steps, standard follow-up
- Prosecution
- Increase speed of investigations by the Department of Inspections & Appeals
- Check to make sure training [mandatory reporter] is done
- Involve consumer with input
- A clear, yearly check and balance for dependent adults. A REAL financial review, service delivery review and verification. Area services really happening and in the manner being reported. Just asking for forms to be filled out and retained in the provided envelope leaves too many opportunities for abuse
- Post notices where the elderly frequent (senior centers, subsidized housing buildings, churches, etc. public service announcements) with a toll free number to call. Include options in advertising along with information on costs. Once the Power of Attorney form is finalized, get it out there so it's accessible for people to get to and sign. Create social networks as well (teleconferences?) for abused elderly people to talk to others about their situations. OK even just to talk to others. I find so many people who are so lonely and many "put up" with things just to have someone, anyone around. There needs to be a good way for these people to communicate with each other
- Continue to monitor and increase awareness and education. Need specialized adult focused workers most of focus is on child (95% or less). Also tighten regulations for eligibility to work in these environments. More education and training for individual Consumer Directed Attendant Care providers. May be instances of unintentional abuse – unknown to them. Many of them are not currently trained in abuse. Also need ways to monitor individual Consumer Directed Attendant Care providers either with case managers or same way. Is there a way to monitor self caregivers for dismissal from a facility
- Education and offering shelter and options is only part of the efforts needed to solve. If there could be some type of "rehabilitation structure" to get them back into a normalized environment might be helpful, but what that is, who could know. Most just want to go back to what is "normal" for them
- Increase community awareness on what abuse is
- Timely response to allegations
- National Abuse registry
- Specific funded department to handle all cases i.e. use current models in other states
- Education program
- Reporting structure
- Flow chart so all programs know what is taking place; describe specific actions to take place "Look Book"
- Local / State attorney involvement including judges
- Actions for early intervention

Individual Responses #3 (continued):

- Educate dependent adults on their rights
- Raise awareness
- Educate
- Provide shelter for abused adults
- Work to prevent embarrassment associated with being abused
- Assure that county attorney's must take action when abuse is reported. Such as supervised visits if a family member is involved and the parents are already institutionalized. Eg. Son stole all the money. Can't do visit and ask for funds. No prosecution - ever
- The toolkit planned with violence grant – great idea
- Have mandatory reporting only last 3 years instead of 5 – if don't use it, forget it
- Research what other states are doing
- Each county have a “go to” person who is knowledgeable about or a resources person – if already have this publicize it more
- Ideal System for Dependent Elder Adults and Independent Elder Adults
 - Feel safe from sexual and physical abuse – At home or in their environment (nursing home)
 - Have adequate care provided – Food, shelter, clothing, medications
 - Safe from financial exploitation – have access to lawyer or legal assistance or public guardianship
- Send info to all place / agencies / providers, etc. that are in contact with elders & dependent adults
- DHS needs to provide a specialized protective worker that focuses on dependent adult abuse. That worker would have the expertise and knowledge to handle the assessments
- Specialized workers / service units for dependent adult abuse
- Inform the public and agencies of who to contact for assistance with abuse issues
- Each county receive the abuse report, investigating, etc. but continue to report to the state. State is advisory for each county
- 2 hour mandatory done more often than 5 years as a mandatory in-service. Train every year to review the law. If staff fails to attend mandatory 2 hour in-service, not allowed to work until made up
- Continue to listen to those who are in the homes providing direct care. Coordinate with other agencies in a more effective way. Programs should compliment one another. Workers should not have to hunt down support / services that come from different agencies
- Inviting public to our 2 hour mandatory adult abuse training we give to staff, is increasing public awareness
- Courthouse, city hall pamphlet with criteria for reporting with numbers (when paying taxes, getting drivers license)
- There is no ideal system; however education and holding persons appointed in positions, to care for dependent adults, accountable is needed. There may be times when a guardian is notified of a need and fails to respond to that need...that guardian needs to be held accountable. However, under Department of Human Services rules, if the guardian is not a caretaker than nothing is done. Everyone needs to be on the same page
- We need a system that protects reporters to allow more cases to be reported and protects privacy
- We need guidelines that establish what Department of Human Services wants reported and what they do not

Individual Responses #3 (continued):

- Facilities and individuals doing their best to follow the law and their responsibilities under adult abuse should not be subject to investigators or agencies interpretation and prosecution or punishment
- Community caregivers, family members and friends need to be held to the same standards that facility care givers are
- Consumer input
- Process of how each allegation is scrutinized
- Follow up of repeat offenders – discipline or criminal
- Fund Elder Abuse Initiatives statewide
- Adult Protective Services dedicated workers in each service area
- Provide adequate funding to Department of Human Services and Department of Elder Affairs to expand the current system
- Partner with groups (legislative) advocates to help get the word out
- Public education, legislator education
- Continue to work on collaboration
- County attorney's follow through
- Create a panel at the county level which would consist of county attorney, law enforcement, Department of Human Services, Department of Elder Affairs, senior services agency. To meet as needed to discuss cases that are not specifically abuse cases. Many elderly need assistance and some may need to be moved to nursing homes. This panel could possibly provide the resources needed to address elderly persons who are in need of assistance
- Coordination
- Ask the elderly and dependent adults to identify what they need and develop “informal” support systems as well as formal agency supports which require more funding
- Access front-line input verses policy focused people

Dubuque Group

WHEN: July 26, 2006

COUNTIES:

Dubuque	Scott
Jackson	Winneshiek

ATTENDEES: 34

TOP PRIORITIES FOR CHANGE

Clear and consistent guidelines for determining dependency and dependent adult abuse with a single point of entry for all reports and active multidisciplinary teams

A comprehensive protective system with specialized investigators and enhanced training for mandatory reporters, law enforcement and county attorneys on prosecution and protective measures

Need to work with legislators and communities to make elderly and dependent adult issues a higher priority in Iowa

Attendees:

Marla Baumgartner, Angelus Retirement Community, Dubuque
Ranee Blietz, Northland Area Agency on Aging, Decorah
Libby Bloye, Angelus Retirement Community, Dubuque
Sharon Bradley, Angelus Retirement Community, Dubuque
Linda Brenner, Angelus Retirement Community, Dubuque
Pam Bussan, Angelus Retirement Community, Dubuque
Jim Carnahan, Scott County Department of Human Services, Davenport
Mike Carthey, Scott County Department of Human Services, Davenport
Teddy Crawford, Jackson County Regional Health Center, Maquoketa
Jane Dubert, Jackson County Case Management, Maquoketa
Lori Elam, Scott County Community Service, Davenport
Cassie Fitzgibbons, Angelus Retirement Community, Dubuque
Suzy Good, Jackson County Department of Human Services, Maquoketa
Kelly Gossling, Northland Area Agency on Aging, Decorah
Tracey Griebel, Angelus Retirement Community, Dubuque
Jill Halverson, Northland Area Agency on Aging, Decorah
Tracy Hanson, Angelus Retirement Community, Dubuque

Cathy Hedley, Sunnycrest Manor, Dubuque
Kim Heller, Northland Area Agency on Aging, Decorah
Barb Hirsch, Hillcrest Family Services, Dubuque
Karen Intlekofer, Jackson County Case Management, Maquoketa
Anne Kauder, Sunnycrest Manor, Dubuque
Sherry Kinney, Angelus Retirement Community, Dubuque
Emily Langkamp, Angelus Retirement Community, Dubuque
Lee Ann Leytem, Angelus Retirement Community, Dubuque
Rose McVay, Mental Health Advocates, Davenport
Beth O'Connell, Sisters of Charity, Buena Vista Manor, Dubuque
Susan Ransom, Angelus Retirement Community, Dubuque
Mike Reese, Angelus Retirement Community, Dubuque
Jenny Rubel, Angelus Retirement Community, Dubuque
Shani Smith, Angelus Retirement Community, Dubuque
Dena Stolze, Angelus Retirement Community, Dubuque
Jeffrey Tourdot, Scott County Community Services, Davenport
Kristie Wiltgen, Northland Area Agency on Aging, Decorah

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Education, training and awareness efforts
- A system exists to protect dependent adults and provide service if founded abuse as well as sanctions caretakers
- The Substitute Decision Maker Act
- The system provides guidelines and resources for the legal system

Individual Responses:

- Provide guidelines and definitions
- Mandatory reporter
- Keep educating and having mandatory reporters
- By prosecuting the abuser
- Mandatory reporters
- Educating the community and health care providers
- Avoid possible abuser
- Gives a voice to people who can't or won't speak for themselves
- Legal system – reporting abuse, disability act
- Disability Acts
- Help protect elders from abuse
- Awareness
- Prevention
- Mandatory reporting
- Have follow up procedures
- Being aware of what abuse is
- Education
- Prevention
- Training
- Recognizing
- By having forums to educate
- Reporting of elder abuse
- Detection and reporting of elder abuse by contacting Department of Human Services
- Improved mandatory reporter laws / training have helped teach the need / importance of reporting concerns

Individual Responses #1 (continued):

- Laws clarified – definitions clarified
- Improved mandatory reporter training / curriculum
- Better education
- Current laws in place
- Good agencies providing services to elderly
- Department of Human Services investigations increased
- Elderly housing in place
- Substitute Decision Maker Act in place – not necessarily functional
- Case managers
- Department of Human Services reporting easier
- Agencies available to assist
- 229 Civil Commitment
- Generations Area Agency on Aging
- Low income housing (don't have to move in with relatives)
- Mandatory reporter requirements help protect
- Mandatory reporter training
- Definitions
- Criteria of abuse established
- Process of investigations are established
- Opens a path to meet, observe, assess situation
- Provides for a mingling of agencies to provide own particular expertise in helping assess or in providing assistance
- Mandatory reporters, caretakers have to go to training (classes), investigate if noticed abuse
- Despite the caseload the caseworkers are able to identify obvious predators of the elderly
- Require mandatory reporter training to educate
- When Department of Human Services accepts a report of dependent adult abuse and it is founded, the dependent adult is allowed the full scope of services available – assistance in arranging home care, case management, and assistance with nursing home placement if needed
- I think there is improved awareness of dependent adult abuse within the health care community
- Improved education and resources for service providers
- Standardization / curriculum approval and updates helps keep training materials current
- The Department of Human Services process for review of health care workers with background checks has improved greatly since it was initiated
- They help bring this issue to the public eye
- Mandatory reporter training is now consistent so that more people are learning the same information
- Department of Elder Affairs is working very hard to address these issues
- There are services available designed to protect elders and dependent adults. There are people able to recognize abuse
- Dependent adults – if a case is founded it would serve to remove them from a bad situation and punish the caretaker
- Laws have defined the definition of dependent adults, defined what is abuse, who is a caretaker
- Train the trainer certification has been developed – consistent curriculum to be presented to mandatory reporters

Individual Responses #1 (continued):

- Help bring this issue to public eye
- Dependent individuals currently have laws written to protect their safety and well-being. Specifically addressing exploitation, physical and sexual abuse, denial of critical care, and self denial of critical care. There are many agencies and individuals that have become more aware of the needs dependent adults are facing that will help keep them safe. The Substitute Decision Making Act has a tremendous purpose
- The current laws are at least in place for basic protections for individuals
- There is a process in place that should provide protection. The services and systems seem to be particularly effective for elderly and dependent adults who are living in nursing homes and other places that provide care
- Train / educate mandatory reporters
- Provide guidelines and definitions of abuse for law enforcement and court workers
- Provides support and investigative resources for those dependent adults being abused
- HF2147 gives Department of Human Services protective service workers authority to petition to court for temporary conservator
- HF2464 gives nursing student programs ability to complete criminal and abuse background checks
- HF2588 allows health care facilities to hire persons who have a criminal or abuse background if haven't committed any crimes or abuses since previous record check evaluation
- Mandatory reporting
- Contact Department of Human Services directly
- Immediate and direct reporting to Department of Human Services may avoid report to abuser or giving of report
- Educational session and e-mails keep caretakers up to date
- Substitute Decision Maker Act assists adult with no one to help them as needed
- Ability to advise resident of sexual abuser living in home with them
- Helps dependent adult live with more safety, security and possibly independence and community
- Availability of state / federal representatives contact information helps constituents voice concerns, ideas and opinions
- Mandatory reporting

Question #2

What needs to be improved?

Summary:

- Clear and consistent interpretation of dependent adult abuse definitions so reporters know what will be accepted and followed up on
- Dependent adult abuse specialist to investigate abuse allegations
- Awareness of adult abuse to elders, public, legislators, caretakers
- Funding for an adult abuse investigation system as well as for an ongoing proactive services coordination
- Better training, pay and incentives for direct care workers
- Utilize a standard intake & referral system for reporting adult abuse such as 211
- Consistent and funded training for mandatory reporters, law enforcement and county attorneys on dependent adult abuse and protective measures
- Funding and services to support 18-59 year old dependent adults
- Guidelines for handling verbal/emotional issues

Individual Responses:

- Emotional abuse
- Let public know where to report
- More funding
- Elders – are not currently protected very well. Many times seen as their choice to live in a less than ideal situation
- Better release of information is needed to know about criminals
- Places need more security for safety
- Availability of services for persons aged 18 – 59
- We all need a more clear and understandable definition of when dependent adult abuse is and is not. The current definition is too vague and open to interpretation. As a result, I feel that vulnerable adults are not being protected because they don't meet an investigator's narrow definition of competency. Too many investigators lack an adequate knowledge of competency and even of the elderly client. These issues are not the same as in child abuse – one size does not fit all. Community providers are very frustrated by this lack of understanding. We are the ones who know these individuals better than anyone – yet the Department of Human Services can make a decision based on very limited information over the phone that the report is not “investigatable”
- Funding
- Quicker response to reports
- Better training available to not only agencies, but the public on how to identify and report adult abuse

Individual Responses #2 (continued):

- Harsh penalties
- Better pay for mandatory reporter positions to attract better quality workers
- The problem I face is once abuse is found then what. There is limited follow through by police and county attorney. Police report financial exploitation is a civil matter and the person exploiting the adult is not bound by law to use adult's resources on the adult. That is what the county attorney states
- Training is needed regarding services available. There are a lot of wonderful services, but not familiar with county's ability of service
- Better and more frequent checks on representative payees
- Less meetings and panels to make decisions about issues that aren't nor will ever be funded thus saving state money
- Communication / awareness
- Definitely, the substitute decision making board is necessary. It isn't often but when a dependent adult doesn't have a caregiver, it become very problematic
- In my experience, Department of Human Services does not readily investigate dependent adult abuse due to the constraints and interpretation of the definitions. In our area, there is no Department of Human Services dependent adult "specialist" that I'm aware of. They tend to feel that financial exploitation is more criminal
- More awareness is needed within the community at large. Both dependent adults as well as caregivers need to understand the law definitions. I think that caregivers can easily "explain away" their behavior to those who are not knowledgeable about the laws
- Differences in opinions on what is a dependent adult. Have been told need Alzheimer's diagnosis. Doctor has to say they need 24 hour care
- Where do we go when we feel a case was wrongly turned down
- No consistency in what is investigated
- Written follow up reports to agencies
- Information to caregivers on dementia
- Funding
- Awareness
- Consumer Directed Attendant Care providers need to be informed and monitored as to whether they are getting mandatory reporter training
- Need background checks done on Consumer Directed Attendant Care providers
- Consistency in system (investigation, definitions)
- Total health care for seniors
- Communication and training – agencies and public to know what is dependent adult abuse
- 211.org or 211 Info Link
- When founded – what are the solutions
- Funding for shelters, etc.
- Better training, pay, incentives for direct care workers, better screening before hiring (nursing homes)
- Become aware of elders living alone and falling through the cracks
- More affordable assisted living arrangements verses nursing home
- More funding for programs
- Communication

Individual Responses #2 (continued):

- More awareness
- Increase legislator involvement
- Programs for meals
- Transportation for medical appointments
- More education to raise awareness toward prevention
- More legislative involvement
- More training
- More funding
- More reporters
- Legislative and policy changes
- Better communication (more communication) between agencies / facilities / Department of Human Services
- More knowledge of various services – 211 Info Link has helped but unsure if it is used consistently
- Lobby for more funding
- Advocacy for elder / dependent adults (needs / wants)
- Pay wages for direct care staff
- Lobby for funding
- Direct care workers – paid better, trained better
- 211 Info Link – utilize
- Better communication between agencies / facilities / Department of Human Services
- Public awareness for needs / wants / services
- Better response from Department of Inspections & Appeals / Department of Human Services when reporting concerns
- Follow through on current laws
- Availability of services (too many waiting lists)
- Dependent Adult Abuse training sessions
- Dependent adult abuse training for Consumer Driven Attendant Care providers
- Improved communication between reporters and investigators
- Clearer definition of abuse
- More consistency between what is investigated and what isn't
- Audits
- Services and finances to support 18-59 year old dependent adults in need of on-going assistance
- Making sure that everybody has been educated
- Funding
- Fine tuning the definition of dependent adult
- More investigators needed
- Elders need to know what abuse is – education for elders
- Focus on emotional abuse
- Coordination of on-going protective services is lacking. Department of Human Services really has no programming for adults other than waiver services. A referral can be made to a community agency, but these tend to be service specific and doesn't address multiple issues. Interagency communication difficult
- Currently this program is not a priority at Department of Human Services

Individual Responses #2 (continued):

- Training of mandatory reporters. The training doesn't reflect the reality of the program in the field in many locations. Trainer's rarely are aware of program realities
- Services available to 18 – 59 very limited ; 60 – 65 more doors for programming
- Dubuque – have a dependent adult specialist
- Improved coordination of reporting guidelines and procedures between Department of Inspections & Appeals and Department Human Services – many circumstances reported by health care facilities that do not involve staff – i.e. families, community etc. – sometimes get lost in the shuffle or passed away from one agency to the other due to uncertainty on the part of the person taking the call
- When to report – what to report – to whom do we report it – clarification needed
- Laws – enforcement of laws
- Have difficulty with doctors willing to say someone is “incompetent” to make decisions so continue to reside in dangerous conditions
- Law enforcement / county attorneys need training on laws / committals
- Department of Human Services needs training regarding guardianship
- More collaboration with service providers
- If possible further clarify the adult abuse definitions so there is no room of interpretation by an investigator
- Educate the community so guardians know what their responsibilities are
- Make sure that caretakers know whether they are or are not a mandatory reporter
- Investigators need to have better understanding of the elderly
- What can be done to protect staff against unfair accusations
- Education of family to understand what the best interests of the family member is
- Make health care providers aware of appeal process – who do you call
- Who ensures that Consumer Directed Attendant Care providers receive background checks, know they are a mandatory reporter and what that means
- Funding for Substitute Decision Making Act. There are many people who need this service that currently are not able to fully access
- Funding for more investigators. Many individuals may not be getting their needs met and the amount of investigators help meet these needs
- Follow through and strong support for the laws that are currently on the books
- Strong consequences for violating a dependent adult
- Education – public awareness
- The education of law enforcement, general public. The general public needs to know who to call – one entry point
- Consistent definitions of who is a dependent adult across the state for investigators
- There needs to be service readily available that can be tapped into that the general public can understand
- www.211.org or 211.information
- I feel the system needs to go back to one training curriculum and the materials supplied so the system can focus on train the trainer issues and not on having 2,000 curricula Department of Human Services should develop a film like they use to have and provide it and mailing at low cost to trainers in the system
- Understanding community side of dependent adult abuse

Individual Responses #2 (continued):

- Understanding of process of reporting dependent adult abuse
- Guidelines for emotional abuse
- Education of guidelines for power of attorney acknowledgement / deeming someone in need of other for decision making
- Neglect issue by family / caregiver denial of needs
- More money appropriated for education and training
- Clear expectations education for mandatory reporters
- Education to raise awareness and work toward prevention
- Systemic changes need to occur
- Adequate funding needed
- Increase in communication
- Funding to actually implement policies and laws
- More / better use of technology to contact proper authorities or observe adult in home
- More / better communication / education for public awareness
- Expanded training
- One central number to call to report

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary

- Need to work with our legislators to make elderly and dependent adults a higher priority
- Punishment for abuse
- Education
- Funding
- Clearer definitions
- Intervention before abuse occurs
- Training for caregivers
- Monitoring system for dependent adults
- Clearinghouse or advice hotline
- Multidisciplinary teams which meet – expand persons / agencies involved
- Single entry point for reporting abuse
- Better pay for direct care workers
- Funding the Office of Substitute Decision Maker

Summary #3 (continued):

- Building and expanding services and assistance availability
- Legislative involvement
- Adult abuse becomes a priority for policy makers
- Community outreach
- Understandable definitions
- Emergency shelters and more services

Individual Responses:

- Stricter punishments
- Laws should be more strict with the punishments
- Educate and inform community and health care providers
- Continue to educate
- More funding
- Develop a system for monitoring the financial and physical care of dependent adults. Could utilize a special income / state federal tax form for explanation of funds spent. Dependent adult physical evaluation forms every year to monitor for health and well being. Use program within the correction system to track and monitor for unpaid monitoring
- More feedback
- Awareness
- Iowa needs to adopt elder abuse definition from the Older Americans Act
- Expand Elder Abuse Initiative projects into more areas of the state
- Training, training, training
- Stiffer penalties for exploitation
- Clearer definitions of “incompetent”
- Should not have to wait until person is checked out of home by questionable caregiver and intervene. Someone’s safety should not be in jeopardy before DHS can get involved
- Lobby for money
- Making sure they are in a safe and happy environment for them
- Making sure everybody has been educated
- Background checks (criminal)
- More money
- You need to know your legislator more
- Training for caretakers
- Assistance to manage caregiver stress – respite options, support groups
- Monitoring of dependent adults and their situation
- Public awareness of how to identify abuse
- Rehabilitation for offenders
- Creating a support network for caregivers – places to look for help
- Taking the adult away from the abusive situation
- Have funding available for services needed to prevent neglect
- Continue education\

Individual Responses #3 (continued):

- Perhaps more communication amongst providers of services for the dependent adult. Each agency serving them has bits of information and the big picture is unclear
- A “clearinghouse” or advice hotline that is not a regulatory body that perhaps persons who are uncertain about what they are witnessing or experiencing can get some direction – most likely could be an existing agency
- Legislative changes – they need to be more involved
- Improve attendance / expand attendance at local dependent adult team meeting (multidisciplinary team meetings)
- Share knowledge of services – possibilities
- Lobby legislators for funding
- Better communication
- Better pay for direct care workers in facilities
- Penalties, jail sentence if founded
- Require Consumer Directed Attendant Care workers to go through abuse and criminal checks
- Some agencies are reluctant to report
- More training for staff on issues of elderly (needs, etc...)
- One entry point – increased awareness: Department of Inspections and Appeals or Department of Human Services??? Confusing (unlicensed facility gets run around when reporting)
- Building and expanding on services and assistance in place
- Funding programs already developed but currently have no funding
- Better education for public workers (police / garbage man / meter reader / mail carrier)
- Lobby legislators for funding
- Coordinate services
- Substitute Decision Making Act
- Better coordination between Department of Inspections and Appeals and Department of Human Services
- Punishment for perpetrators
- I don’t feel that these are adequate laws in place to protect the caregiver
- Educating dependent adults themselves
- Have advocates for elders that have been reported to do follow up visits
- Contact legislators for more funding
- Consequences for the offender
- Believing it is an important issue for policy makers
- Centralized intake system
- Coordinate a reporting process that includes a “clearing house” or central reporting agency that can take intake information and put reporter in contact with appropriate agency
- One “hotline” number for the state for all abuse reporting
- Improve community outreach with increase in elderly waiver programs, the fear exists that many dependent adults will be socially isolated and more vulnerable for abuse from unregulated, unsupervised caregivers
- Truly centralized intake system
- More training for community workers (i.e. postal carriers, etc) to recognize possible abuse
- Make the definitions more understandable. It is too confusing and fraught with opportunities for people to “fall through the cracks”

Individual Responses #3 (continued):

- More funding for workers who specialize in services to the elderly; who have specific training in gerontology
- Ways for elderly victims to remain at home too often the response is to send them to a nursing home
- Make this a priority for funding; society needs to place a higher value on the needs of the elderly
- Obtain funding for Substitute Decision Maker Act
- Develop emergency shelters
- Provide more training to the community and health care providers
- Talk to legislators
- Have more money for respite
- Support network for caregivers
- Educate caregivers regarding dementia
- Develop repercussions for someone who commits adult abuse
- Better definition of competency
- Better networking with health care providers, doctors
- Make committal process easier
- Education and advocacy. Communities, agencies, local, state government working together to help reduce / eliminate the occurrences of dependent adults being violated
- Contact legislature – get legislation passed to provide more funding – the dollar drives the case
- Public advertisements making people aware of the need of this course
- One entry point – but others know (Department of Human Services, Area Agencies on Aging, case management)
- Education available to the public and care providers
- Get the Substitute Decision Maker's Office in place
- Be mandatory reporters
- Continue to educate
- Continued and expanded to educate caregivers and public
- Know legislators and how to contact

Iowa City Group

WHEN: July 28, 2006

COUNTIES:

Benton	Keokuk
Black Hawk	Linn
Clinton	Scott
Henry	Washington
Johnson	

ATTENDEES: 29

TOP PRIORITIES FOR CHANGE

Expand the Elder Abuse Initiative statewide which includes prevention, early intervention, support services, emergency shelters and specialized investigators

Funding for Office of Substitute Decision Maker and avenue for immediate protective orders

More inclusive definitions of dependency, dependent adult abuse and applicable prosecution as well as education and training for state staff, providers, law enforcement and county attorneys

Attendees:

Gerry Braynard, ABCM, Garrison
Jay Cayner, University of Iowa, Iowa City
Kim Childers, Genesis Development, Vinton
Jerry Christensen, University of Iowa Hospitals & Clinics, Iowa City
Nancy Conrad, Iowa Wesleyan College, Mt. Pleasant
Linda Dearing, The Heritage Agency, Cedar Rapids
Stephanie Fangmann, Aging Services, Inc., Cedar Rapids
Rita Frantz, University of Iowa, Iowa City
Renee Grummer Miller, Aging Services, Inc., Cedar Rapids
Shelly Hissong, Genesis Development, Vinton
Gerald Jogerst, University of Iowa, Iowa City
Denise Judge, Handicapped Development Center, Davenport
Karen Juvenal, Individual, Iowa City
Michael Juvenal, Mercy Home Health Services, Iowa City
Betty Kelly, Older Iowans Legislature, Iowa City

Stacy Klinzman, WCDC Inc., Washington
Kelly Lamb, Elder Services Inc., Iowa City
Lynn McGonigal, Zion Lutheran Church, Iowa City
LeAnn Moskowitz, Community Care Inc., DeWitt
Jennifer Owens, Aging Services, Cedar Rapids
Monica Ravn, REM Iowa, Inc., Hiawatha
DeShawn Schmidt, Genesis Medical Center, DeWitt
Gretchen Schmuck, University of Iowa Hospitals & Clinics, Iowa City
Steve Siglin, Elder Services Inc., Iowa City
Joan Tuberty, University of Iowa Hospitals & Clinics, Iowa City
Leta Wall, AARP, Cedar Rapids
Barb Weigel, Iowa Department For the Blind, Cedar Falls
Holly Wiseman Mihal, Keokuk County Health Center, Sigourney
Lavon Yeggy, Elder Services Inc., Iowa City

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Provides for reporting and a system for evaluation of suspected adult abuse
- Mandated training to mandatory reporters
- Collaboration between Elder Abuse Initiatives and Department of Human Services which allow for continuity of care for elders
- Multidisciplinary teams

Individual Responses:

- Multidisciplinary Teams
- Elder Abuse Initiative
- Emergency service dollars
- Provide definitions
- Collaboration between Department of Human Services and Elder Abuse Initiative provides continuity of care for elders. Elder Abuse Initiative Social Worker provides service coordination information and referral for victims of abuse while Department Human Services provides investigation
- Department of Human Services can get protective orders if this would happen that would protect elders
- The eyes being brought into the picture by having an open Department of Human Services investigation encourages professionals and family members involved to take the situation seriously and promotes increased cooperation
- In my county, some Department of Human Services workers are assigned to elder abuse cases only – they also have child cases – but only certain workers are assigned elder cases. It helps to work with the same people consistently to build relationships and experience as how to handle certain cases
- More education
- Defines dependent adult and what constitutes physical or sexual abuse or exploitation, at risk
- Define who are mandatory reporters and their responsibilities
- Theoretically, provide for cost of services for dependent adults who have been identified as at risk of abuse, exploitation
- Defines relationship between mandatory reporter and HIPAA
- More funding
- Provides for emergency alternate guardian of funds
- Defines and certifies departments efforts to give due notice of action unless Department of Human Services can provide good reason for not giving notice (additional risk to dependent adult)

Individual Responses #1 (continued):

- Offered alternate decision making to stand in place of availability of a qualified guardian of funds has been added
- Provide education for mandatory reporters and guardians of money, durable powers of attorney and legal guardians - unfunded
- Consistent training
- Case management
- Provide framework
- More current recognition of need for training, consistency
- Provide education
- By home care workers being trained and knowing what to look for, what to report, has been helpful
- Provide resources and tools
- Basis is good just need funding
- Help identify dependent adults for the state system
- Provide system for evaluation of suspected abused adults
- Provides some guidelines for what constitutes abusive situations
- Provides definitions of whom is responsible to report abuse
- Mandates training for mandatory reporters
- Provides record keeping to help monitor individual abusers and trends in reported (investigated) abuse cases in the population
- Multidisciplinary Team meetings
- We're getting there
- Have Department of Human Services workers that do only elder abuse – go out with “at risk” case manager so elder can get into case management system
- The Iowa Code and state regulations have consistent language
- Iowa Department of Human Services is more aggressive pursuing formal charges in dependent adult abuse cases
- Mandated mandatory reporter training for caregivers in health facilities ensures that reporters are aware of their legal obligations
- Elder Abuse Initiative has some funding for services
- Multidisciplinary Teams
- The current system of making a Department of Human Services report, assisting with the investigation, and problem solving sometimes instigates people with “authority” (i.e. physicians, county attorneys) to step up and get involved. There are benefits to making a report
- Accountability to staff with reporting
- Elder Abuse Initiative has funding and provides concrete assistance, hard to measure it may be deterrent to abuse. Can be effective if multidisciplinary teams, county attorneys, etc. are all working together. If one piece is missing, it doesn't seem to matter what the law says
- Least restrictive forum protects individual rights of victims who have capacity to make decisions
- Multidisciplinary Teams
- It defines mandatory reporters. It enables others to report (may) and protects them from litigation. It requires mandatory reporters to report
- Require education to mandatory reporters

Individual Responses #1 (continued):

- The work that has been done since the last set of forums is a step in the right direction toward protecting dependent adults. The ongoing pressure on the legislature by advocates is the only way to affect large scale change. As you have mentioned, the larger the number of advocates, the more effective the result
- Create a consistent educational foundation
- Raising awareness of providers regarding the problem of elder abuse
- Provides “processes” to intervene in situations where elder abuse occurs
- Availability of dependent adult abuse training
- Legal definitions for identification of abuse and mandatory reporting requirements
- Protection to mandatory reporters from civil and criminal legal action (for good faith)
- Education has been developed and provided
- State agencies have defined roles
- Increased awareness
- Awareness is present with individuals with mental retardation & developmental disabilities. Investigations are occurring and actions being taken when needed – huge focus and taken seriously, process for intervention
- Approved dependent adult abuse training being reviewed to ensure meets the expectations by the Department of Elder Affairs
- Residential Care Facilities / mental retardation & Intermediate Care Facilities / mental retardation facilities self reporting to the Department of Inspections & Appeals completing our investigations and Department of Inspections & Appeals investigation
- Some clarification with laws on what state agency to intervene
- Elder Abuse Initiative good
- Currently there is training being required for mandatory reporters, law enforcement and judicial personnel
- There have been some improvements in state laws
- By giving the agencies and caretakers the resources and information necessary to know how to report a suspicious situation
- By providing training to all who are mandatory reporters
- Legal measures taken against offenders
- System is improving but we still have a way to go...
- Department of Human Service investigations
- Community services support elder in the home
- Nursing facility or assisted living placement
- Multidisciplinary teams in the areas where Elder Abuse Initiative projects are funding help with coordination and team decision making / problem solving
- Elder Abuse Initiative projects are a tremendous resource to the community
- Case management for frail elderly
- Mandatory reporters
- Elder Abuse Initiative service dollars

Question #2

What needs to be improved?

Summary:

- Consistent implementation of reporting requirement by the Department of Human Services and the Department of Inspections and Appeals and uniform availability to services needed across the state
- Assessment tool to determine dependency
- Clarifications on what constitutes self neglect and neglect by a caretaker
- Emergency long term care services and access to immediate protective orders
- The current state system does not fund of Office of Substitute Decision Maker
- County attorney involvement to be involved and prosecute dependent adult abuse
- The definition of dependent needs to be more inclusive and the requirement that abuse be committed by a caretaker needs to be removed
- Increased education and public awareness
- Services and a system to protect dependent adults needs to be adequately funded
- Separate intake workers and investigators / evaluators for dependent adult abuse
- All reports need to be recorded, not just those investigated

Individual Responses:

- It is hard to prove financial exploitation when the “exploiter” is not financial Power of Attorney
- Self neglect still seems to be a category that some Department of Human Services workers do not seem to take as seriously
- Professionals often have few options in terms of removing abused elder from situation – no shelter space in Johnson county
- Doesn’t seem to be much in terms of consequences for perpetrators
- Definition of caretaker
- Better training for county attorneys about self denial
- Reporting procedures in Residential Care Facility / mental retardation and Intermediate Care Facility / mental retardation with the Department of Inspections & Appeals. Process is typically very slow & consumer and family, direct services employees, and agency in limbo
- Direct support employees may have hard time reporting to the Department of Inspections & Appeals – some confusion present and why have to report to Department of Inspections & Appeals if report to agency. Double reporting occurs – employee and self report from agency
- Standard training for all mandatory reporters throughout the state needed. Must be cost effective
- Guardianship process
- No mandate to record reports currently only record investigations
- Standard tools to access dependency even if no diagnosis
- Very uneven services across the State

Individual Responses #2 (continued):

- Services to support dependent adults to stay in their home / communities very uneven around the state
- Mandatory services should be available to protect adults from “self abuse”
- Guardian system: improve /speed process; provide incentives; education; pay
- Substitute Decision Making needs to be funded and services “on the book” actually provided / available
- More information (publicity) on the “statistics” of dependent adult abuse to increase public awareness / prevention
- The ability to intervene for mentally challenged adults
- Driving restrictions
- Protective orders – in my area (Hampton), doctor needs to write a letter stating person is in danger and needs to be removed from the house. In my experience, the situation deteriorates so badly before an order goes into effect that committal has to be done. Need fast process for protective orders if the situation has to be so bad that it needs to be immediate
- More focus on prevention; more/better training; more staff
- Assessment tool for dependency would help when reporting – sometimes elders do not have a doctor - no diagnosis to support impaired decision making – a home based assessment to guide professional that could be submitted with dependent adult abuse report would help clarify for reporter and intake worker whether elder is dependent
- More reports need to be accepted
- Elder abuse needs to be taken more seriously by intake at the Department of Human Services
- Self neglect
- More case management involvement
- Need clarification of when failure to meet standard of care requirements in nursing homes constitute neglect
- For elders in assisted living facilities, clarification is needed regarding under what conditions the facilities failure to transfer the resident to a more skilled facility would constitute neglect
- No requirement to record a report – only required to keep records of investigations. Those states that require reports to be recorded have better outcomes in relation to elder abuse
- Services for elder abuse issues are very uneven across the State of Iowa
- Closer “caretaker” evaluations – e.g. financial
- Training in more “layman” terms – more interesting
- Sharing of information
- Funding for protective service option, housing, legal, medical
- With placement of dependent adults in long term care – efforts to match adult at placement in which they have ample supply of peers of equal functional level
- Specific questions placed in application to be guardian of funds, durable power of attorney and general power of attorney; these questions to document explicit answers of applicants about their qualifications to serve in that capacity. Notarized application with individuals lying about a criminal offenses in cases where applicants have history of abusing
- Emergency long term care for self neglect – standard a tool to show
- Clarification how to help when family members have opposing views
- Support not penalize people (long term care providers) who report abuse
- More education

Individual Responses #2 (continued):

- More education – better curriculums
- Public awareness
- Our curriculum – it is so long and when our staff has to listen about laws and codes they tell me it is boring, too long. Elder abuse is serious – maybe the education to be more in layman’s form even for home care workers
- Funding
- Educating the general public regarding options (especially – person, place, department/location) when an individual issue arises – e.g. “who to turn to” to start solving the problem. Where can this help be found? Who to talk to? Sometimes the dependent adult does not want to “bother others” as they perceive their own situation as “not serious” ??! The family members may also need guidance regarding deterioration of the elder’s situation
- Support the Substitute Decision Makers Act funding
- Right now mandatory reporters may report to the Department of Human Services in good faith and have legal protection for doing so but that does not extend to abuse that occurs in the nursing home and reports to the Department of Inspections & Appeals
- Often don’t get feedback from the Department of Human Services about report outcome
- Often hard to convince the Department of Human Services to accept a report – usually denied due to not a dependent adult. This is especially common in non dementia victims and especially frustrating when a health care team has determined the victim is dependent
- Need funding for services
- Great variability between counties in how these cases are considered needing assistance
- Need investigation intake workers trained in dependent adult abuse
- Priority for investigators is on child abuse when the case loads are mixed together. Separate these
- Add some sort of service interventions for “borderline” cases: unfounded but problematic
- Reasonable caseloads for Adult Protective Services
- The definitions!! The current definitions of dependent adult and caretaker are so restrictive that many times the Department of Human Services refuses to even take the referral. The term “caretaker” should be thrown out altogether. Also, the concept of who should be a mandatory reporter should be expanded to include nurses. The Department of Human Services should not have to be essentially begged to take a referral and get involved
- Self neglect too broad. Develop assessment tool for dependency. Not many options when people aren’t able to take care of themselves
- Need funding
- Where can people with abuse history go - not appropriate funded sexual abuse placement
- When a person turns 18 and they have been abused they get lost in system especially if dependent
- If 98% of the protective system is directed toward children, how do we realistically expect any significant intervention toward dependent adult abuse? Until our society recognizes and takes seriously the issue of dependent adult abuse, nothing much will happen. For that to happen, our society first has to recognize and take seriously the issue of aging. This will happen in the next generation, but it hasn’t happened to this point
- Require the recording of all reports of abuse not just investigated cases
- The law is very limited in what it can help accomplish without positive feedback with available resources and the legal process is complete

Individual Responses #2 (continued):

- The Department of Human Services workers, as mentioned, spend more time with child abuse referrals. There needs to be better feedback to reporters (social workers, case managers) so we can continue to advocate for our clients, work with families, etc.
- We always need more funding – that's a no brainer
- County attorney education – willingness to prosecute those individuals in which the Department of Human Services has founded abuse against – specifically financial exploitation
- Collaboration between nursing facilities, the Department of Human Services, and county attorneys to assist with financial exploitation cases
- Initiate representative payees instead of forcing nursing homes to represent a current resident. Place funding back on legislators or require their office to become representative payees maybe they will support funding
- Does no good to educate staff on criminal and civil penalties if the county attorneys office is not willing to prosecute a civilian for the same crimes. This to me is discrimination because it is saying you will prosecute a facility employee but not a civilian / family member with founded abuse by the Department of Human Services
- Be able to receive report if the Department of Human Services initiates abuse case to see if founded or unfounded
- Assessment for self-neglect cases. If the person meets certain criteria the Department of Human Services will take the case. How do you assess dependency?
- Record all reports so that somebody is held responsible for cases that fall through the cracks (even if not accepted)
- County attorneys need to be more willing to follow through with formal charges in dependent adult abuse cases; even when the individual has limited verbal or cognitive abilities. Often won't pursue because they view the victims as unreliable reporters
- Revise training requirements in long term care facilities from every five years to every 2 – 3 years to ensure information and training is fresh
- Additional funding to departments to hire and train more investigators so the response to abuse is more prompt. We often have to leave a message at the Department of Human Services
- Additional training for investigators on how to gather information in cases involving individuals with limited verbal and / or cognitive abilities
- Add the sex offender register check to the background checks required by long term care facilities
- Increase the turn around on the amount of time it takes for a founded case to be placed on the registry. People are fired by an agency and hired by another before the cases hit the registry
- Financial institutions
- Look at power of attorney fiduciary abuse as criminal
- All reports need to be recorded
- Get rid of caretaker definition
- Better financial exploitation reporting
- Mandatory reporters need to have one centralized contact source / number to call to report suspicious situations
- Provide more education / resources / materials to educate reporters
- Dry materials needs something to make information more interesting
- Gap in communication between the Department of Human Services and providers
- Clarify current definitions of dependent adult, caretaker

Individual Responses #2 (continued):

- Need to fund office of substitute decision maker
- Felony penalty for non injury of sexual abuse of dependent adults especially in a care facility
- Require emergency shelters for abused adults removed from care
- Fund the Office of Substitute Decision Maker
- Implement more emergency shelters in all communities by requiring shelters be listed
- Need to involve bankers and financial institutions in notifying when accounts depleted
- Implement the training requirements for law enforcement and judicial personnel
- Education for the public on abuse problems
- Education for direct care workers in care facility
- Nationwide registry for care workers found guilty of adult abuse in previous employment
- More education of state legislators and elder affairs advocates concerning existing laws and need to implement further legislation
- Public awareness at meetings, literature
- Prevention
- Explanation of code in layman's terms
- Funding for services
- Training for the Department of Human Services investigators about elder abuse laws and aging issues
- Improved system if elder needs to be removed from the home in an emergency situation (where do we place them?)
- More Department of Human Services investigators (caseloads are too high)
- Get rid of caretaker definition
- Financial institutions
- Increase participation on multidisciplinary team meetings
- Training for county attorneys

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary:

- Funding
- Single entity for reporting
- Education
- Involve legislators
- Pass comprehensive protection, advocacy and services legislation
- Specialized investigators of dependent adult abuse

Summary #3 (continued):

- Standardized training
- Funding of Office of Substitute Decision Making
- System of volunteers to visit/monitor dependent adults
- Resident Advocate Committees in all facilities
- Clearer definitions
- Provide and fund supportive services
- Standard training curriculum
- Smaller case loads
- Elder Abuse Initiative expansion – statewide
- Provide assessment tools
- Emergency shelters and services
- National registry
- Pursue penalties and legal actions for perpetrators
- Emphasize prevention, rather than intervention after abuse has occurred
- Issue of dependent adult abuse must be a priority for this state
- Enhanced penalties
- Collaboration of agencies, law enforcement and county attorneys

Individual Responses:

- A family medical needs mediators – are there such programs; when families disagree on care for a dependent adult
- Need a civil administrative code violation, with fine for misinformation about qualifications given that cannot be proven to have criminal intent
- Family and individual mediator to assist when difference with care
- More funding
- Help adults say when I display these symptoms or behaviors I want _____ to do _____ no matter what I say
- An easier way to not allow unsafe elderly drivers
- Need to combine services of the Department of Inspections & Appeals & the Department of Human Services into one agency. This will increase efficiencies and reduce overlap of service
- Need to educate our legislators in a systematic way to promote these issues
- Pass comprehensive “protection/advocacy/services’ legislation
- Specific and trained folks to investigate reports of dependent adult. Need to understand entire picture and must be timely (investigation and results)
- If agency self reports, review their investigation. Only investigate if needed (e.g. serious allegations, agency investigation not complete, concerns with agency, etc.)
- Standard Dependent Adult Abuse Training
- Get the Substitute Decision Maker Act implemented – funding
- Advocate with Boards of Supervisors, state legislators and for national legislation
- Integrate dependent adults into community life through funding coordination of volunteers / friendly visitors who visit people in care of institutions

Individual Responses #3 (continued):

- Volunteers who are appropriately, recruited, qualified and motivated to visit dependent adults, who are at-risk of abuse or exploitation (visits in at risk dependent adult homes)
- Clearer definition of what constitutes neglect of care and safety for dependent adult in hospitals, nursing homes, etc. For example, what defines situations where dependent adult elope from placement, when do treatment and care centers have to notify the Department of Human Services about circumstances or elopement? Answering questions like if dependent adult is not committed to care, yet any responsible person could see their elopement had high potential of dependent adult harm etc. In other words, bring hospitals up to at least the accountability standards placed on nursing homes and intermediate care facilities
- Formal education of legislators e.g. forum so they are all aware
- Provide supportive services including “placement”
- Joint training = Department of Human Services
- Provide concrete criteria for intake workers and reporters
- Home assessment tool for reporters to establish dependency for example
- Create criteria that is specific for protective orders
- Better county and state coordination; for example, county handles committals, county attorney processes protective orders. If there were standard procedures statewide for these situations, that professionals were trained on – professionals would be aware of when to pursue each option and how to accomplish it efficiently. Generally these are not required in emergency situations
- Emergency shelters – perhaps coordinate with local churches to provide emergency shelter that is accessible. Contract with hotel to provide emergency shelter – hotels only usually accept credit cards
- Education of all involved in dependent adult care where can they get help
- Educate seniors as to problem of abuse – clarify power of attorney
- Adequate state and national funding for programs, not unfunded mandates
- Receive funding and continue to publicize and market information to enlighten the communities awareness of abusive situations
- Radio, TV, papers, marketing – lifestyle fairs
- Registry – nationwide for offenders
- Central reporting of abuse events
- Providing substitute decision makers for dependent adults without relatives or relatives living away from these adults
- Ideally all personnel directly involved with dependent adults will be adequately trained, compensated and aware of elder needs
- Provide supportive services to help people to the extent possible in their homes
- Provide penalties and legal actions against perpetrator
- Provide education of dependent adult issues
- Help long term care providers report penalty issues they see. The Department of Inspections & Appeals is not user friendly to providers
- Investigate systems in other states and countries that are working well and copy them
- Increase funding for and staffing for institutions so they can improve the quality and quantity of caretakers

Individual Responses #3 (continued):

- The current efforts (regulatory, legislative, educational) are focused extensively on intervention after the abuse has occurred. An ideal system would emphasize **prevention**. I believe one approach to promotion of **prevention** would focus on a public awareness campaign that emphasizes the value of caring for and protecting our “senior citizens”
- Increase the awareness about the problems of elder abuse so that more resources become available
- Education of public
- I believe it’s absolutely imperative that we contact our legislators (at all levels) so that laws can be passed / enforced / funded appropriately and the outcomes implemented in a timely manner as well as a means to correct many misconceptions or mismanagement issues. Naturally, this would begin at the local levels and eventually permeate to state and national levels. These issues are critical to the health and welfare of a major segment of our population and vital to our country’s health care system
- Adult protective services, law enforcement, and county attorney offices must prioritize the issue of dependent adult abuse. This does not happen on a large scale (such as nationwide) and it does not happen on the local scale. Individuals on multidisciplinary teams committees are concerned, however, this workload does not place dependent adults anywhere near the top of their list of priorities
- Educate investigators. Fund services for elders who are at-risk. The funding should not come with so many strings that it is nearly impossible to obtain in an emergency situation. Enhance penalties for people who have committed elder abuse. In my experience, family members or “friends” who have committed elder abuse tend to re-surface after an investigation because the penalties are so weak
- Joint training with the Department of Human Services intake workers and investigators. More collaboration. The collaboration should be mandatory
- Education of legislators
- Communicate – more public awareness
- More education advertisement (TV, radios, newspapers, pamphlets) on elder abuse – what it is who to report to – education!! Important for home care workers as well as non home care workers
- Have more people contact legislators on the need for increased protection
- Inform all facilities (health) of shelters for elders in Iowa
- Stronger penalties for dependent adult abusers
- Nationwide database for background checks
- Seniors – dependent adults need to be informed of their rights
- Definitions of dependent adult & caretaker
- Stricter penalties (ex: sex offender)
- Background checks more extensive – not Iowa only
- Require Certified Nurse Aide classes and healthcare college courses to complete 2 hour dependent adult abuse course. Education needs to begin early and continue
- Like to see nursing facilities, the Department of Human Services and county attorneys working in a collaboration with founded abuse cases
- Need education with social security system if facilities are to be representative payees. Not easy to become a representative payee even if the caregiver has had founded financial exploitation abuse twice
- Conduct formal session to teach the issue of elder abuse to the state legislators

Individual Responses #3 (continued):

- Establish a centralized state system for all reporting – one telephone number answered by trained individuals regarding elder abuse
- Maintain statistics on available resources to help abuse victims and evaluate the outcome of all investigated cases to help learn systemically what works best
- Joint training sessions with mandatory reporting and the Department of Human Services professionals so we understand and support each others' roles in dependent abuse laws
- Harsher penalties
- Provide necessary services (funding again)
- Coordination and commitment between law enforcement, agencies, the Department of Human Services
- Be able to intervene with vulnerable at-risk folks before it turns into an abusive situation
- Pay the Department of Human Services Adult Protective Staff folks and train them well as these cases aren't generally their priority/ within their comfort level / expertise. This goes for intake workers on up
- Improve tracking of cases and reports and intakes to help get clearer picture of the number of victims and patterns of abuse
- Stronger rules for recommendations coming out of multidisciplinary teams
- Look at other state models
- Do criminal / abuse checks on Consumer Directed Attendant Care workers and family members who are in a direct care role
- State of Iowa should develop a standard training curriculum and mandate that all long term care providers use that curriculum and provide updates to the providers automatically as legislation changes or new material becomes available. The State of California currently does this for all providers
- Ensure there is an adequate number of investigators to initiate investigations in a timely manner
- Ensure Resident Advocate Committees appointed by the Iowa Department of Elder Affairs are current in all long term care facilities, that they are well trained in their responsibilities and play an active role. When I call the ombudsman they don't know what to do!!!!
- Improve funding for services
- Decrease caseload size for case managers and Department of Human Service investigators
- Increase funding to Elder Abuse Initiative for expansion of program in existing areas
- Education for the Department of Human Service investigators and case management about elder abuse and resources available to assist
- Educate police, bankers, hospital staff, home care staff etc. about elder abuse
- Need Office of Substitute Decision Making for guardians, conservators and representative payees to assist dependent adults
- Advocacy to legislators for increased funding

Marshalltown Group

WHEN: June 29, 2006

COUNTIES:

Black Hawk	Polk
Hardin	Story
Jasper	Tama
Marshall	

ATTENDEES: 19

TOP PRIORITIES FOR CHANGE

Funding for Office of Substitute Decision Maker including registrations for Powers of Attorney and oversight of Powers of Attorney, guardianships and conservatorships

Expand the Elder Abuse Initiative statewide which provides options and services to help victims and caregivers prevent abuse and keep dependent adults and elders safe

Funding for comprehensive service delivery and protective system with specialized investigators for adults and consistent interpretation of dependency, dependent adult abuse, and prosecution

Attendees:

Earl Bagan, Iowa Health Care Association, West Des Moines
Kirsten Condit, Villa del Sol, Marshalltown
Barb Duncan, Hawkeye Valley Area Agency on Aging, Eldora
Starla Elsberry, Iowa Workforce Development, Marshalltown
Marty Engle Pratt, Iowa Medicaid Enterprise, Des Moines
Marlene Hall, Iowa Veterans Home, Marshalltown
Anne Marie Haydon, Department of Human Services, Ames
Debby Huisinga, Department of Human Services, Marshalltown
Randy Inhelder, Iowa Veterans Home, Marshalltown
Amy Jacobs, USA Healthcare, Newton

Elizabeth Lemp, Greenbelt Home Care, Eldora
Delilah Lilly, USA Healthcare, Newton
Tonya Rhoades, Department of Human Services, Ames
Kristi Shannon, Hawkeye Valley Area Agency on Aging, Waterloo
Doug Shepard, Hawkeye Valley Area Agency on Aging, Toledo
Maribel Slinde, Generations Incorporated, Des Moines
Jay Stanish, Department of Human Services, Eldora
Deb Terry, Greenbelt Home Care, Eldora
Amy Weber, Hawkeye Valley Area Agency on Aging, Waterloo

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Elder Abuse Initiative Programs
- Mandatory reporting law
- Uniform training to mandatory reporters
- Multidisciplinary teams
- Services available to serve and protect dependent adults
- Guidelines / definitions for reporting and determining dependent adult abuse

Individual Responses:

- The Elder Abuse Initiative system appears to be well received by Department of Human Services staff and is considered another positive program that helps keep potential elderly abuse from escalating
- Mandatory reporter training has increased awareness of what dependent adult abuse is and how an individual can get help
- Law enforcement appears to be appreciative of the additional input from Department of Human Services & Elder Abuse Initiative in handling situations
- Case management is another positive impact to dependent adults
- There are laws that protect elderly / dependent
- Department of Human Services is empowered to investigate some abuse
- Area Agencies on Aging have money [via Elder Abuse Initiative] services available – knowledgeable staff
- Some county attorneys are willing to act
- Mandatory reporters serve as eyes, ears for abuse awareness, education and prevention
- Service coordination within agencies and interagency
- The Elder Abuse Initiative has increased awareness of dependent adult issues and has increased identification and reporting
- Have an alternative in the substitute decision maker act which gives those who are dependent a resource to help them
- Increased awareness of problems
- Dependent Adult Abuse training is more uniform giving home health and facility staff better awareness of what to look for
- Standardized curriculum has mandated that trainers have a consistent basis to their mandatory reporter training
- Clarifies who are possible caretakers makes sure there are no questions regarding said individuals

Individual Responses #1 (continued):

- The removal of an “undetermined” finding to on evaluation has forced evaluators to make a determination on the allegation
- Services available helps keep dependent adult in their own homes – such as nursing, homemaker, meals on wheels, emergency response system (lifeline) and Consumer Directed Attendant Care providers
- Case Management system provides coordination of the services
- Mandatory reporters alert Department of Human Services & Elder Abuse Initiative if abuse is occurring and then appropriate actions are taken to uphold and enforce the protective laws
- County attorneys
- Makes professional caregivers responsible for the care they provide and for the care they see given by non professional caregivers
- Has a set agency to do the assessments
- Good things on the books – have other groups step up to the plate
- Elder Abuse Initiative is a helpful resource for care not handled by Department of Human Services
- Multidisciplinary teams for dependent adult abuse are helpful to connect people involved
- Elderly waiver services are available and will be handled more efficiently without Department of Human Services case management
- Area Agencies on Aging do a good job of directing people to resources and services that allow them to stay in least restrictive environment
- Case Management Program for Frail Elders is an excellence resource for the elderly
- There is a process in place for following through on a case of alleged abuse
- We are moving in the right direction
- Disseminate information on process to mandatory reporters regularly
- Uniform training
- Acknowledgement of reporting and feedback
- Clearer definitions are helpful
- Addresses current issues found / discovered in response to complaints
- Less cumbersome route of reporting
- System returns a response to the reporter that provides acknowledgement – makes for better reporting and less ambivalence of “nobody did anything”
- Definitions are clearer for public / private understanding
- Steps are outlined clearer and reporters know what happens from step #1 and on as well as when it is turned over
- More education creates wider spread understanding
- Uniform training
- Definition – Dependent adult is helpful because it defines dependent adult as having a physical or mental condition with requires assistance from another. Many times reports to the Department of Human Services have been rejected because a person is physically dependent but mentally capable of saying – no – to services. As a result they self neglect and end up in terrible shape resulting in hospitalization or death. This is difficult especially when the result of the decision of self neglect is more pain and suffering. Amputations, tailbone removal due to bedsores and infection to the bone; malnutrition; burns – fires starting while the person is in bed smoking but unable to get out of bed if the sheets catch fire

Individual Responses #1 (continued):

- Laws have current definitions and specific to elders and dependent adults. Changes were made to laws based on actual situations and harm that was effecting these two groups
- Specific guidelines for investigations and determination of founded abuse

Question #2

What needs to be improved?

Summary:

- Training for mandatory reporters more frequent than every 5 years
- A collaborative system of investigation between Department of Inspections & Appeals, Department of Human Services, mandatory reporters and service providers
- Foster care system for dependent adults is needed
- Fund the Substitute Decision Makers Act
- System of oversight and education to Consumer Directed Attendant Care providers
- Standard means of determining dependency, informed consent and assessment of needs or services
- Education and participation with the medical community
- Oversight of powers of attorney, guardianships and conservatorships
- Funded options and services to help victims and caregivers to prevent abuse and keep dependent adult safe

Individual Responses:

- Consumer Directed Attendant Care – closer monitoring is needed
- Much clearer definitions of dependent adult, caretaker, abuse
- More frequent mandatory reporter training rather than every 5 years
- Background checks needed on Consumer Directed Attendant Care providers
- Training as mandatory reporters is needed to be enforced for Consumer Directed Attendant Care providers
- More information needs to be shared with Area Agencies on Aging regarding case management clients who have been seen by Department of Human Services or Elder Abuse Initiative (e.g. Consumer Directed Attendant Care hours may be increased or pay increased for a client through case management whose Consumer Directed Attendant Care provider is being investigated for taking advantage of their case management client)
- The handoff from Department of Human Services investigator to service person / agency

Individual Responses #2 (continued):

- Minimally! Iowa's current law provides very few solutions and the accepting of dependent adult reports remains problematic with no consistent interpretation of who is a dependent adult – its an exclusionary system
- Need mandatory reporter training more often
- Some means of identifying who dependent and vulnerable adults are and a means of periodically checking on them. Home visitation for needs assessment
- I think the process needs to be continued to be disseminated throughout the state, especially to the public and people who are not mandatory reporters. A public awareness campaign – continue to enhance
- A clear understanding of who is responsible for an interview in an ongoing way to meet needs, access services
- Currently, the laws are not as helpful as they could be. Elders & dependent adults are not aware of the abuse themselves, agencies don't report based on limited and frustrating responses from previous reports. Elder Abuse Initiative assists but that is only based on client choice. The law is there but it is vague in some sense and the processes of determining dependency is much more difficult that the definition states. It is unclear to many the difference between dependency, competency, capacity and varying levels. In areas without the Elder Abuse Initiative the Department of Human Services & system has not been effective in helping eliminate risk and working towards service options. The Violence Against Women Act grant should assist as education of the critical individuals is poor. Continued education for "outside" the box agencies needs to occur
- Funding
- Need to bring in the medical community
- The services outside of Department of Human Services are extensive but Department of Human Services seldom refers people to them
- Basically, Iowa does a poor job on the dependency. If there were no Area Agencies on Aging, Iowa would be a very poor friend for the elderly
- Department of Human Services has their hands tied on the funding and current laws
- Mandatory reporter training is good – should be every 3 years instead
- Physicians need education
- Mental illness many times is missed and just because an individual is alert and oriented does not mean the individual is competent
- Joint bank accounts can be a problem and difficult for the Department of Inspections & Appeals to prosecute
- The line between protecting someone and restricting their rights if they want to eat themselves into a diabetic coma, should they be allowed? Who gets to make the decision? Caregiver says "no you can't eat that" restricting rights for protection OK?
- Oversight of guardianship – Power of Attorney relationship
- Regulation of all Power of Attorney and guardianship agreements
- Funding
- Public Awareness
- Collaboration between Department of Inspections & Appeals and providers
- Clarification in the law for cognitive dependency
- All intake workers trained on criteria

Individual Responses #2 (continued):

- Once a case is founded more options to help the victim and more active penalties to prosecute the perpetrator
- Options for safe homes when dependent needs removal from imminent danger situation (similar to kids foster system)
- Clarify is it the Department of Inspections & Appeals or Department of Human Services for some reporters
- The multidisciplinary team meetings have been non existent since last year. These meetings are an opportunity to have discussions on progress or brainstorm for change. It is challenging not to have the opportunity to network
- Ongoing education of providers continues to be critical with the involvement of Department of Human Services
- The current intake system is frustrating and challenging to individuals who are knowledgeable, I can't imagine for a permissive reporter
- Make mandatory reporter responsible
- May need to have more frequent Dependent Adult Abuse training for mandatory reporters – 5 years is a long time
- May need a way to get updates / changes out to all mandatory reporters
- General public awareness still lacking
- Foster care for dependent adult
- A general tool to use as guidelines for determining if abuse occurred or dependency with the understanding it is a tool not an all around determination factor – have one tool not multiple to have consistency
- Funding
- Continue to examine definitions within laws
- Increase awareness – education of public as well as people directly involved
- Continue to push for legislation to be passed
- Expand base of mandatory reporters
- Does reporting / investigating system need improvement? Support? Staff? Funding?
- Consumer Directed Attendant Care training
- Create a statewide database
- Foster care
- Money needs to be allocated to the Elder Abuse Initiative so that the entire state can have this resource. If that can't happen then the law needs to be opened up as to who can be an initiative player. Individual players could then seek alternative funding sources
- The Abuse Education Review Panel needs to have additional strength for its role in approving curriculums – leading to 1) some standard for trainers 2) that participants have to use a course that is not a group think completed on the computer in 10 minutes
- Support for the substitute decision maker law
- Add emotional abuse to code
- Can't have Department of Human Services workers be expected to do child & adult assessments
- Need mandatory reporter training more often than every 5 years
- Mandatory reporter training for Consumer Directed Attendant Care providers

Individual Responses #2 (continued):

- I see a trend in taking away local contact for reporting. In Hardin County we share a central point of contact with 11 other counties in reporting abuse. I question the ability of an office staffed by 2 or 3 in handling effectively 12 counties
- Also, we need shelters for a “foster care system” for dependent adults
- Have more people get trained as mandatory reporters
- Dependent adult assessments and evaluations would be handled better through the Department of Elder Affairs than Department of Human Services. Child abuse is primary focus of Department of Human Services workers and they do not have the training or expertise to go through dependent adult assessments nor the ability to connect the adult with appropriate services
- More clear definitions and examples of dependent adult abuse – what makes them dependent – what about times when mental illness is manifested? Financial concerns – this ambiguity could also be resolved by having a specialized unit of dependent adult assessors. There would be more consistency statewide and better training
- Consumer Directed Attendant Care providers need to have abuse and criminal records checked before they are paid with state dollars. Also, more supervision of the services they provide to adults
- County attorneys need more training on actions they can take to protect dependent adults
- The reporting of dependent adult abuse needs to be given the same level of importance and accountability of child abuse
- The current mindset within Department of Human Services regarding dependent adult abuse. Parity needs to exist between children and adults
- System accountability
- Remove caretaker from 235B
- Enforce mandatory reporter laws – make mandatory reporters accountable
- Make sure Consumer Directed Attendant Care providers are trained
- Publicizing the benefit of it all – statistics, individual stories or enhanced quality of life, etc.
- Legislature needs to fund all of the efforts including Substitute Decision Maker Act
- I’m not sure how Department of Human Services & Department of Inspections & Appeals communicate and work together. Again, maybe information, education, and /or publicity might help. They do work together on abuse of people, hopefully well
- Verbal abuse
- Financial exploitation of dependent adult – “fine line” of ability to give informed consent – May agree because of “learned compliance” – not because they understand what will occur. Many agree because they want to be liked / loved. How to evaluate whether “informed consent” is all that should be required? We all have heard stories of inheritances being stolen by caretakers or “friends” of individual with limited decision making ability. Evaluation by expert in field – joint accounts are hard to prosecute. Often cash hard to track. Substitute Decision Making – neutral impartial; Inconsistent banking policies
- Verbal / emotional abuse – instances where elderly or disabled are regularly verbally abused by caretakers, name calling, etc. Know of cases where individuals are spoken to negatively – much worse than most of us have ever heard. This is not addressed but if witnessed by 3rd party – report?
- Make sure people are talking to a person – not a machine on the telephone
- Refusal of services where desperately needed – bed sores, amputation, money, pain, suffering – can’t do own physical care – mentally OK, refusing services
- Time limits on responses to reports

Individual Responses #2 (continued):

- More frequent training
- Public education – benefits of having system in place
- Medical – geriatric specialist – appropriate assessments; also address mental illness when not competent
- Increase frequency of offering Train the Trainer Sessions
- Public TV programs offering education on the issues
- Set specific time limits on response to the reports / agencies
- Making sure people are talking to people not machines
- Identifying descriptions of people's tasks below job classifications – helps identify who is responsible for what – many times a title or job classification doesn't fit what this person is responsible for or to
- Expanding on the Questions & Answers in a website or the "search"
- Mandatory reporter training every 3 years

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary

- Communication between agencies
- Ongoing training and education
- Ensure that an investigator involves services
- Prevention interventions such as home visits
- Oversight of powers of attorney and guardianships
- Statewide Elder Abuse Initiatives
- Adult foster care
- Registrations of powers of attorney
- Funding of Office of Substitute Decision Maker
- Involve county attorneys
- Elder Abuse law at the Department of Elder Affairs
- Joint assessments – investigators and case manager or Elder Abuse Initiative staff
- Consistently interpreted definitions
- Fund the system adequately
- Develop a service delivery system to meet the needs
- Specialized adult abuse workers

Individual Responses:

- Law enforcement involved / specialized units
- Better communication between agencies involved
- Ongoing mandatory reporter training that taps medical and nursing home facilities, pharmacies, durable medical equipment providers, emergency response providers, home delivered meal providers, law enforcement, etc.
- Do not let 8 years go by – 3 to 5 years for forums would be much better
- The handoff from Department of Human Services investigator to service person / agency
- Some means of identifying who dependent and vulnerable adults are and a means of periodically checking on them. Home visitation for needs assessment
- A clear understanding of who is responsible for interview in an ongoing way to meet needs, access services
- Need centers of expertise in the area of proper assessment – i.e. geriatric specialists – run the right evaluations with the right recommendations
- Oversight of guardianship – Power of Attorney relationship
- Regulation of all Power of Attorney and guardianship agreements
- Training every 2 years
- Pull ideas for programming from multiple sources. And from different levels (local, county, state)
- See what other states are doing
- Statewide Elder Abuse Initiatives – funded at 40 – 50 thousand per county
- Move dependent adult abuse for folks over 60 to Department of Elder Affairs
- Adult foster care
- Less fragmentation within the agencies and among the agencies / organizations in the communities. The buck get passed from senior service agency to law enforcement to Department of Human Services to Department of Inspections & Appeals
- Need a bigger pool of guardians / conservators who are accountable
- Need to strengthen the checks and balances
- County registration of Powers of Attorney
- Require Department of Human Services to report the number of dependent adult abuse calls received and the number accepted for assessment
- Monitoring of protective workers supervisors – reasons for not accepting a report – oversight of the reporting system
- Funding of statewide office of substitute decision makers
- Encourage all county attorneys to take abuse of dependent adults seriously
- The states should advocate for federal recognition of elder abuse – only about 4% of all federal abuse money is for elder abuse
- Encourage Department of Human Services to perform joint assessment with Elder Abuse Initiative where there is an Elder Abuse Initiative or Case Management Program for Frail Elders case manager involved
- Clear cut, specific laws with no room for interpretation
- Unlimited funding
- Seriously consider vulnerable adult abuse law
- Define “mental” and “physical” disability

Individual Responses #3 (continued):

- Do not lose sight of individual's rights especially in congregate living settings. Sometimes administration may become overly zealous about protecting an individual forgetting their capacity to make choices.
- Update forms for Durable Power of Attorney with more /stronger language defining an attorney in fact responsibilities and limitations. Some forget to take into consideration the person's capacities / competencies even when they may be limited in some areas
- Make system relevant to culture, socioeconomic status, geographic location
- Look at current system in place – enhance / coordinate with them. Don't reinvent or duplicate services
- Have a consistent predictable funding source
- System must encourage / support communication and information sharing within groups
- Create elder caucus
- Ongoing education
- Communication and coordination between government agencies. The coordinated plans and goals of government agencies should be communicated to providers, public, advocacy groups, etc.
- Educate elders and seek their continued input / feedback
- Continue expanding the availability of reports, court records, etc. to allow more complete and open communication and awareness
- Fund the system adequately. We can develop ideas (good ones) until we're blue in the face but if we don't have any money to implement projects – nothing will happen and people lose interest in the ideas
- Continue to develop a group of like minds to advocate for necessary change
- We desperately need an improved transit system that is accessible and affordable. Often losing one's license make them dependent upon others to go to medical appointments, shopping, etc. When they could remain independent if there were a system in place to use
- Database to track 65+, cognitive evaluation, yearly updates - canvass, census, whatever so no dependent adult falls through the cracks
- Why not create a foster care system for abused elders and dependent adults? Not everyone is appropriate for nursing home or group home
- Educating the public as well as paid caregivers
- Educating dependent adult and elders on their rights is important
- Enhance & expand supportive services to dependent adult and elders. More adult day cares – ideally one in every community
- Family life homes
- Have a one stop shop for reporting abuse
- Have after hours reports available by an intake worker
- More education in public areas such as doctor's office or hospitals on how to report. Brochures are there but not readily available unless requested or suspected abuse occurs
- Train all staff providing classes for health care at community colleges etc. on how to report abuse
- Get funding for specialized statewide dependent adult abuse assessors – either with Department of Human Services or the Department of Elder Affairs
- Fund office of Substitute Decision Making
- Prepare informational packets for families about what services and agencies are available to meet their dependent adult needs. Make them more readily available

Individual Responses #3 (continued):

- We need to make the process smoother. Many people get to a dead end and stop
- We need physicians to understand dependent adults
- Elder Abuse Initiative needs to be available in all areas
- Each county needs a focused unit through the police
- Publication of number / education in phone book
- Publicity
- Education
- Information
- Legislation
- Funding of Substitute Decision Maker is probably the next piece to complete the system
- Advocate for funding at federal and state level – no legislation passed without funding and enforcement
- Support services are needed especially for respite care. Would lower instances of abuse if respite care were affordable and easily accessible
- Expand third party reimbursement
- Case management and community meetings disbanded due to funding
- Less fragmentation within and among agencies “passing the buck”
- Update issues regularly
- More conservators, guardians, willing to serve as
- The system is in the works and appears to be headed in the right direction – lack of funding is always a problem
- No way should legislation be passed without a connection to funding / enforcement
- Update issues on a regular basis

Mason City Group

WHEN: August 9, 2006

COUNTIES:

Butler	Webster
Cerro Gordo	Winnebago
Floyd	Winneshek
Hamilton	Wright

ATTENDEES: 18

TOP PRIORITIES FOR CHANGE

Consistent interpretation of dependency, dependent adult abuse and implementation of current laws to protect dependent adults

Funding for the development of on-going protective services and support to dependent adults including expanding the Elder Abuse Initiative statewide and Office of Substitute Decision Maker

Increased education and public awareness for state staff, providers, medical community, law enforcement and county attorneys and the oversight of Consumer Directed Attendant Care workers

Attendees:

Jane Askeland, ABCM Corporation, Mason City
Edward Chuck, Older Iowans Legislature, Mason City
Hazel Chuck, Older Iowans Legislature, Mason City
Mark Dohms, Department of Human Services, Webster City
Kathy Donovan, Spectrum Network, Decorah
Sharon Enabnit, Hospice of North Iowa, Mason City
Susan English, Northland Area Agency on Aging, Decorah
Sharon Fank, USA Health Care, Mason City
Jeff Hendricks, Spectrum Network, Decorah

T J Hunt, Maple Manor Village, Aplington
Karen Johnson, Department of Human Services, Mason City
Kathleen Johnson, Maple Manor Village, Aplington
Deb Jordahl, Comp Systems Inc., Charles City
Angela Klus, Heritage Care Center, Mason City
Janet Lewis, Forest City Good Samaritan, Forest City
Penelope Mohr, USA Health Care, Clarion
Greg Seward, USA Health Care, Fort Dodge
Cheryl Winter, Department of Human Services, Mason City

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Consistent training efforts to mandatory reporters
- A law and reporting system exists to protect dependent adults
- Communication and cooperation on this issue between agencies

Individual Responses:

- Requires reporting per definitions provided in law
- Consistent training information is helpful (Department of Public Health – Abuse Education Review Panel & Department of Elder Affairs Train the Trainer)
- Law exists, enhances protection
- Expanded who is a mandatory reporter
- Department of Elder Affairs willing to work with other agencies
- Iowa ethic of protection of vulnerable adults
- Required education – curriculum
- Better communication
- By making citizens aware that there is a problem of adult abuse
- By making an effort to bring the problem to the public awareness, so citizens see a need for legislative action
- By making caregivers aware that the public has a “watchdog” to know and to investigate problems
- The program today is helpful in getting the word dispersed. If each attendee shared the word with 10 people who shared the word with 10 people, elders and dependent adults would have more protection
- By teaching caregivers, workers, and all people on dependent adult abuse
- Keeping updated information
- It clearly defines who is protected, who is a mandatory reporter that must report, which agency must respond to the allegations and that they must decide whether the allegations are founded or unfounded. With the “train the trainer” program, all trainers should be using the same information
- Which agency to report to
- Through mandatory reporting – increase awareness and reporting
- Make employee take responsibility for protecting those they care for
- By mandating that all mandatory reporters have training every 5 years, keeps reporters current and refreshed in what is required of them / what is abuse
- Largely through observation, one has to observe abuse and report it. This eliminates a fair amount of people who may be abusing elders, but not publicly or so one would notice
- That a law even exists is important. Mandatory reporters and expansion of who shall and may report

Individual Responses #1 (continued):

- Elder Affairs willingness to work with other agencies
- Iowa ethic about protection of elders (perhaps more so than dependent adults) in communities through the state no matter what size the city
- Protection is enhanced by having established criteria, definitions exist, mandatory reporter required education goes a long way in preventing
- They provide agencies to investigate allegations of abuse. They also provide training regarding abuse. They provide criteria for what constitutes abuse
- Allow concerned parties to report suspected abuse
- Provide deterrent for abuse to occur
- Provide most involved with care the ability to report
- Cooperation between agencies
- Better definitions have been established
- Better understanding of laws through “Train the Trainers”
- Investigations / assessments occur
- Cooperation between law enforcement and Department of Human Services
- Individuals can direct their care
- More people are able to access services through Case Management Program for Frail Elders and other programs
- Mandatory reporter laws great
- Communication increased
- Increased penalties
- Helps them from being subjected to abuse (in many different forms)
- Assists with mandating trainings for people who care for elders or persons who experience mental or physical disabilities
- Continues to push forward with expanding the education, training and prevention of elder or dependent adult abuse
- Mandatory reporter laws
- Communication has increased
- Increased protection in health care (criminal checks)
- Increased penalties for abuse
- Train the Trainer course and improved curriculum and training certification
- Current laws seem adequate

Question #2

What needs to be improved?

Summary:

- Funding for the development of on-going protective services and support to dependent adults
- Consistent interpretation by investigation agencies of when a report can be made, definitions and follow up protocol
- Clearer definition of whom is a dependent adult
- Mandatory reporter training for Consumer Directed Attendant Care providers
- Clarification as to when to report to the Department of Inspections and Appeal and the Department of Human Services
- Implementation of current laws to protect dependent adults by law enforcement, county attorneys and private attorneys

Individual Responses:

- Funding
- There needs to be money allocated to assist the victims once it has been determine that abuse has occurred. The mandates do no good if the money isn't available to make the programs work
- Laws are difficult in their interpretation and particularly in private settings
- Education
- More interesting, informative presentation method (we currently use a video)
- Education of not just mandatory reporters but all people
- Services
- Collaborative efforts between health care facilities and state agencies. A recent experience with the investigative division of Department of Inspections and Appeals regarding a potential financial exploitation perpetrated by a resident's family member was handled in an almost adversarial manner toward the facility. We were unclear about HIPPA requirements allowing us to divulge medical information under these non-facility related abuse information purposes and requested a subpoena to protect ourselves. This was met by extreme hostility / anger and a threatening letter. How about educating facilities prior to the need, making an appointment in advance, etc. We desire to help protect residents and are well intentioned
- More options / services / funding available to create individual solutions to problems / concerns
- Separate dependent adult abuse training from other training (mandatory reporter)
- More awareness by mandatory reporters that they are mandatory reporters (i.e. Consumer Directed Attendant Care – the majority do not know they are; how are they made aware
- People with mental health issues as a dependent adult?
- Funding for substitute decision making
- Funding for services – mandated
- Lack awareness of people so they know they are mandatory reporters

Individual Responses #2 (continued):

- Funding for services that are necessary
- Consistent standards so are all implemented the same for all Department of Human Services agencies
- If a person can't afford the services recommended after a report is founded how do they pay for these?
- Continue education and public awareness
- With efforts for prevention – continue to improve training curriculum and efforts like “train the trainer” to provide quality of trainings being presented
- Continue with efforts of mandating “informed” choice and decisions for elderly and people who experience mental or physical disabilities (e.x. checklist for financial attorney in fact, etc.) so that people specifically know what rights are being restricted or limited
- Lack of service providers and adequate reimbursement (e.x. adult day care to reduce stress of caregiver – no “certified” adult day centers in area)
- Funding for mandated services or laws to ensure adherence to the standards and laws to protect dependent adults and the elderly
- Public awareness (not just service providers) for both prevention and detection of abuse
- More standardization in local and throughout state so all Department of Human Services workers define abuse the same way
- Better definition if a person is dependent – receiving services for elderly waiver
- Mandatory reporter training for Consumer Directed Attendant Care providers
- Exploitation from Consumer Directed Attendant Care providers something in place to prevent
- Clarification of to whom to report if alleged abuse occurs in a licensed nursing facility (Department of Inspections & Appeals or Department of Human Services)
- Clarification of what to report if alleged abuse occurs between residents of a licensed nursing facility (e.g. inappropriate sexual behavior or assault without injury)
- Resident Advocate Committees involvement
- Improve education (especially county attorneys and law enforcement)
- Assistance with remedies and services for victims and perpetrators if both are dependent adults (e.g. appropriate placements, lack of facilities for behavioral challenged adults or sexually aggressive)
- Clarifying direct reporting
- Need staff investigators trained and sufficient to meet need
- The Resident Advocate Committee needs to improve so that they can take care of the reports that are turned in
- Public awareness of issues
- Define dependent adult
- Ability for any concerned person to report concerns (800, e-mail, 911 link)
- Funding to increase numbers involved with dependent adults / elders – case workers, etc. to allow more checking
- Put teeth in the laws so as to advocate before the problems arise
- Availability of services for elderly and dependent adults alike
- Education
- Department of Human Services employees do not want to listen to reports coming in from professionals (Social Workers, Registered Nurses) – providers aren't even allowed to finish. Not everyone can condense easily. Maybe another agency should take the calls

Individual Responses #2 (continued):

- Bringing the legal community on board not only county attorneys but private lawyers too
- Education of law enforcement and the public in general
- Health care providers still believe they need to substantiate and make a determination before a report is filed – education
- Fear from providers that an agency is going to get a bad reputation for reporting suspected abuse and because most times the elder is in danger. Department of Human Services refuses to take the call, family fires the agency so then who's going to be there for the patient
- In general, Department of Human Services is too busy and maybe there is a lack of education
- Even more publicity and public awareness campaigns. With Iowa's population aging it is ever so important to get out the word
- Funding to provide some of the supports that are not there
- Communication
- I don't know how you could reach a medium consensus, how you could insure safety without imposing on privacy issues, short of inspecting each elders housing, financial situation
- Clarification
- As a trainer, I have not been able to download the pictures that go with the Elder Affairs training which I feel would help with training. More dramatic effect
- Action
- Financial assistance
- Have Elder Abuse Initiative projects throughout the state, so local residents are aware of what, where, and when action can be taken. Iowa citizens will not take action if they are not aware of the need for action. Talk will lend to action but awareness must lead to legislative guidance for success in statewide protection of adult abuse
- Simplify the system. Make it easy to understand
- Clearly mark who are mandatory reporters
- The way a situation is handled, Department of Human Services needs to be more involved and participation better
- More funds
- Funding for all the programs needs to be raised. There are excellent ideas waiting to be implemented, but cannot be carried out due to having no funds
- Public needs to be given more information to understand elder abuse and the correct terms associated with it and who to report it to

Question #3

What can we do to create the ideal system for protecting dependent adults?

Summary

- Funding
- Specialized services, consequences and facilities for perpetrators
- Statewide Elder Abuse Initiative
- Involve legislators
- Assign case managers to all dependent adults
- Adult foster care and Court Appointed Special Advocate system
- Prevention efforts
- Education
- Separate units to investigate adult abuse

Individual Responses:

- Lobby for funding and training for specialized services and facilities for perpetrators of dependent adult abuse
- Continue educational opportunities for caretakers and community
- Revise Department of Elder Affairs training materials to include case studies other than community based elderly
- Develop specialized units / staff to investigate – outside current system or in partnership
- Adult “Court Appointed Special Advocate”
- Enact elder abuse language into the code
- Foster home – safe house
- I appreciate very much the present system / attitudes I encounter when as a health provider I call in a concern, but am still very unclear as to what is reportable and what isn’t in resident to resident situations. Calling in “everything” seems outside the scope of the law, yet this is the message I have received (although this is being modified on an almost daily basis it seems). Try to continue a system that reduces the fear of facilities to report and recognizes facility efforts toward trying to reduce resident to resident interactions / problems. We don’t want harm to our residents, even more than state agencies
- Fund health care facilities to be safe house and not require the impediments to admission – pre admission, physical, TB test, etc. that creates delays
- Safe houses – foster home
- Pay care facilities to offer temporary shelters
- Educate
- Safe houses or foster homes for people to access if they report abuse
- Fund existing laws

Individual Responses #3 (continued):

- Look at other states and create best practices
- Promote education and heighten awareness not just with health care / human services staff / agencies regarding identifying and preventing abuse
- Continue to identify and specify consequences for people who are in the care taker role for the elderly or dependent adults
- Continue to support efforts to contact legislators for needed mandates and in addition funding specified for enforcing and adherence to these mandates
- Continue to expand on the holistic services system for elders and dependent adults
- Fund existing laws
- Look at other states and create a “best practices” list from each
- Provide education
- Have Area Agencies on Aging take over all individuals over age 18
- Have funding
- Have dependent adult investigators centralized and specialized – allow them to sit on committees and work with agencies
- Elder Abuse Initiative statewide
- Safe house isolation wing of nursing home facility to waive all criteria for admission
- To work with your legislator to be sure that your bill is presented to all legislators. Be sure it gets out of committee
- Get more funding
- More people in the communities need to be educated so that abuse is reported when someone is in their home and not only after they have been placed in a nursing home. People don’t want to believe that a caregiver in the home would be capable of hurting a loved one. The newspapers and TV only report when it happens in a nursing home. I think people don’t understand that it is abuse if it happens in the home
- Get legislators involved
- Training of employees so they understand
- Maybe start in the school systems with education on dependent adult abuse. Have free community meeting to increase awareness
- Having ears and eyes open
- Continue having yearly forums across the state to generate ideas. Continue with the various groups / organizations to share ideas and resources. Get more information out to the public about elder abuse
- Contact legislature to provide funding
- Situations are so individual a system may not be possible. We need flexibility to provide a solution for a particular individual’s needs
- Elder Abuse Initiative projects to all counties statewide.
- Advocate for funding of the initiative critically evaluate with public input who should best handle this
- Fund more investigators outside of Department of Human Services
- Talk with Court Appointed Special Advocates and recruit volunteers for one on one
- Increase time case workers spend with dependent adults and / or more advocates
- Change report system
- Funding increase / advocate more
- Safe haven for elder / dependent adult

Individual Responses #3 (continued):

- Assign case managers to all dependent adults
- Safe harbor concept – remove barriers so elders can be taken to this place with medical screening first – isolation room
- Get more information out to even grade schools
- Educate doctors' offices, dental offices, postal carriers, caseworkers, school systems, places that may have exposure even if limited to potential abuse situations
- Develop specialized units to do dependent adult abuse investigations
- Develop or work on a better coordination of service providers, both paid and volunteer
- Utilize health facilities, the public health agencies for example to become more than referral source. They should play an important role in allowing people to remain as independent and abuse free as possible
- Due to county size and population, even within a county the local availability of services can vary, but the emphasis needs to be on prevention first and then if abuse has occurred ways to assure safety for those individuals identified

Mt. Pleasant Group

WHEN: June 30, 2006

COUNTIES:

Des Moines Lee
Jefferson Louisa

ATTENDEES: 14

TOP PRIORITIES FOR CHANGE

Expand the Elder Abuse Initiative statewide which should include prevention, support services, emergency shelters and specialized workers

Consistent and uniform interpretation of dependency, dependent adult abuse, reporting requirements, multidisciplinary teams that meet regularly

Education and training for law enforcement, county attorneys, investigators, community providers and stakeholders including prosecution and penalties

Attendees:

Sharon Andrusyk, Department of Human Services, Fort Madison
Cathy Campbell, Department of Human Services, Fort Madison
Peggy Grothe, Louisa Morning Sun Care Center, Morning Sun
Claire Harvey, Jefferson County Hospital, Fairfield
Mary Hogan, Department of Human Services, Fort Madison
Tricia Jacobs, Mobile Nursing, Fort Madison
Michelle Kelman, Alzheimer's Association, Burlington

Missy Magee, Lee County Health Department, Fort Madison
Suzanne Menke, The Kensington, Fort Madison
Jim Posz, Lee County Central Point of Coordination, Fort Madison
Jennifer Richardson, Department of Human Services, Keokuk
Vicky Rosenkoetter, ResCare, Burlington
Brenda Sayre, Southeast Iowa Area Agency on Aging, Burlington
Dennis Zegarac, Southeast Iowa Area Agency on Aging, Burlington

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Law provides framework for definitions and reporting of dependent adult abuse and for prosecution
- Mandatory reporting
- Services available to prevent abuse, neglect and exploitation

Individual Responses:

- Framework to handle reporting
- Keep statistics
- Case management program – great format to collaborate over complex cases, identify abuse, encourage reporting, encourage agency / service provider familiarity & teamwork
- Dependent abuse law and reporting hotline – avenue to take concerns
- Statewide hotline – while miss local connection can/is specialist staffing for dependent adult abuse
- Reporting mechanism provided
- Gathers statistics on needs
- Provides opportunities for abusive situations to be brought to attention of legal system, law enforcement
- Services available for supports for low income – issues regarding outreach, mandated services
- Standard definition of dependent adult abuse
- People are really interested in talking about this issue and wanting to make things happen
- We believe that all the necessary pieces are in place in the current administrative rules to make a viable system
- Provides tracking of abusers
- People in aging field are really interested in abuse issues
- Take reports from all levels of community
- Provide definitions
- Long term care training reporters and trainers
- Enables background checks for potential employees
- Increased mandatory reporter areas
- The present definition of dependent adult would cover anyone on the elderly waiver
- Services protect our elders
- Increased mandatory reporting laws
- Increased registry and people who can be added to the registry
- Investigations are made
- Provide services for those who need them
- Charges can be filed if warranted and guardianships can be filed

Individual Responses #1 (continued):

- Law's help the most blatant of abuses
- Mandatory reporters have been expanded
- Elderly Waiver helps the poor people get the services to prevent abuse and neglect
- County attorney offices can file guardianships, power of attorney and removals for financial exploitation

Question #2

What needs to be improved?

Summary:

- Cooperation between all agencies working with elders and dependent adults
- Clarification of self-neglect and personal choice options, reporting and investigation
- Streamline the reporting process and fund an adult protective services system with separate specialized workers and services for follow up
- Training for investigators and mandatory reporters
- Consistent and uniform interpretation of dependent, exploitation and self-neglect
- Elder Abuse Initiative in each county and provision in Iowa's law to cover elder abuse situations, not just dependent adult abuse

Individual Responses:

- Notify mandatory reporters. My knowledge of current laws and services regarding protection of elders and dependent adults is slim as is with most of the nurses I have worked with in the past 4 years. Through trial and error and calls to Department of Human Services I have only barely bumbled through 2 reports, one wasn't even written up or investigated because the intake coordinator stated "no harm" had been done, the other was referred to Department of Inspections & Appeals. As far as how things are working, I hear more stories about how it is not working and some of the changes we discussed (such as a new power of attorney form) would be a wonderful change. It just seems that when people go looking for help, no one seems to know what to do and you end up with referrals upon referrals and call upon calls until you give up
- Our law/definition and systems do not protect our elders
- Beef up training – perhaps examples, etc, and application. Especially those who don't work solely with dependent adults: what happens / possible outcomes: differences with child abuse: person taking responsibility in family can be penalized
- We just need to take it seriously and we need to have a state agency charged with the responsibility to make it work!

Individual Responses #2 (continued):

- Resident Advocate Committee – feedback on investigation response and follow up on recommended services
- Very narrowly with broad definitions left to individual interpretation of Department of Human Services
- Doesn't protect elderly unless the three criteria are in place. In reality, abuse can occur
- Education for community services – home care, hospitals, huge lack of knowledge with difference between “personal choice” and “self neglect” What actually constitutes abuse?
- Training for Consumer Directed Attendant Care providers
- County attorneys / law enforcement need more education. I do not think they adequately protect elders and dependent adults because there is not enough enforcement / understanding of the laws / services/ system
- Education to the community is not adequate – dependent adult abuse is under reported
- The law – definition is too vague!
- More time and emphasis needs to be made on the behalf of elderly and dependent adults
- In essence the same rules need to be in place for “temporary removal” of an adult until the situation can be remedied as for children services
- The self denial of critical care reporting and investigation
- Background checks on Consumer Directed Attendant Care providers
- Increased positions to handle case loads. Reporting system needs to be easier
- Funding
- More specific workers are needed
- Holding agency accountable not just front line employees
- Legal services for dependent adults – consultation and education
- Persons to uniformly be available to serve as public guardian / payee / conservator
- Additional outreach regarding reporting, service availability, the law
- “Real world” definitions of dependent adult abuse particularly in terms of exploitation
- Provider agency tracking / accountability for dependent adult abuse employees
- Iowa law needs to be aligned with federal law to include elderly not just those who are “dependent” so remove dependent and caretaker definitions
- Funding
- Increased positions to handle case loads – specialized
- Elder Abuse Initiative in each county
- More local community collaboration such as this forum and multi-disciplinary teams
- Dedicated elder abuse workers trained about aging issues and how to make referrals for resources (for elderly)
- More collaboration with local, regional entities involved within “adult system”
- Definition of a dependent. Either expand it or eliminate it and define elder abuse as the law
- Iowa code does not align with federal laws on elder abuse
- There's a fundamental “disconnect” within Department of Human Services and the Iowa legislature when you attempt to discuss or address anything related to elderly or which uses a phrase like old or older Iowan
- Abuse investigators don't appear to have any training related to elder issues or knowledge of resources designed to serve older persons

Individual Responses #2 (continued):

- Iowa's law, the way it is written, seems to say if you are not dependent then the state should do nothing
- The standards for proving abuse are different for children and adults. There needs to be some similarities because abuse is abuse regardless of the age of the victim
- System seems fragmented and agencies ought to be able to share information if the sharing of that information results in better quality of life or safety for a victim or potential victim
- There does not appear to be cooperation between Department of Human Services and the agencies who serve older persons. Reports of dependent adult abuse are not investigated
- We are not using current administrative rules to affect changes to the current system
- We need the agencies to work together in the Elder Abuse Initiative in our area (do not have Elder Abuse Initiative)
- Multidisciplinary teams
- We need evaluators to be specialized
- Resources – obviously
- More frequent and better training to those who can actually enforce laws and provide service
- Mandatory reporter training should be overseen by Department of Human Services – no tapes used – real people-one curriculum – Trainers can supplement with some case examples
- Education for evaluators! Give them the time and education to be good at the job! I am sitting with a table of evaluators from Department of Human Services and they agree!!
- Mandatory reporter training needs improved – the trainers should be experienced in the area
- Education – training
- Cooperation between agencies
- Standardized forms for county attorney's when filing documents
- Daycare & shelters for elders / dependent adults
- Elder Abuse Initiatives in all 99 counties

Question #3

**What can we do to create the ideal system
for protecting dependent adults?**

Summary

- Education
- Funding for Office of Substitute Decision Making
- Dedicated elder abuse workers
- Funding for protective services system, services and training
- Elder Abuse Initiatives statewide
- Multidisciplinary teams that meet regularly

Summary #3 (continued)

- Emergency shelters / services
- Take adult abuse seriously
- Create an elder abuse law & have Elder Affairs as the investigative agency
- Train and work with county attorneys
- Prevention initiatives
- Enhanced penalties for elder abuse

Individual Responses:

- Include family caregivers
- General population education
- Make it simple
- Funding for office of substitute decision making – this may pay for itself by preventing need for more costly medical care
- Additional local funding / support for public education of dependent adult abuse rules and services
- Have the Department of Elder Affairs become responsible for elder abuse service in Iowa –
Dedicated elder abuse workers
- Caregiver stressors
- Calls get received at local office – give to designated (trained) worker – Elder Abuse Initiative needs to be in each county – Need Elder Abuse Initiative in Lee County in particular – one of the highest child abuse statistics in state, therefore certain one of the highest adult abuse – unreported certainly
- Get more funding and more representatives
- Be able to report easier to local office
- Increase education on laws and updates to all community agencies
- Provide funding for needed adult day care and push for start ups enables reduction in caregiver stress
- Specialization in the field
- More money for services
- Specialized dependent adult evaluations
- Lobby for funding

Individual Responses #3 (continued):

- At least 1 worker per county needs to be trained, educated and designated to handle adult cases
- Prevention intervention team – those who's concerns don't meet criteria of self neglect
- Equal services for all elderly and dependent adult clients
- Evaluate elder abuse
- Funding for substitute decision makers
- Elder Abuse Initiative would be a great start everywhere!
- Specialists within Department of Human Services and multidisciplinary teams meet regularly
- Emergency shelters
- Department of Human Services should evaluate elder abuse as well as dependent adult abuse
- With self denial – not need the courts as involved in the committal process – or to streamline that process so it is more user friendly

Individual Responses #3 (continued):

- Specialists within Department of Human Services service areas
- A multidisciplinary team to meet regularly
- We need to get serious about this issue. Need to acknowledge that it is a “real” issue
- Having trained, dedicated elder abuse personnel who deal only with elder abuse issues. This training should include knowledge of all of the resources available to assist elderly and / or their caregivers or families
- Remove the word “dependent” from the Iowa law and define elder abuse
- Place responsibility for elder abuse investigations and resolution in the Department of Elder Affairs
- We need to know what the best practices are which have been revealed from the Elder Abuse Initiatives. Can these be replicated within the current administrative code for little or no additional money
- We need to set up a system to handle older persons who are in abusive situations; i.e. safe houses
- We need to train county attorney’s to understand needs of older persons who are in abusive situations and to have them act judicially to change the situation
- Funding – priority and for unfunded mandates
- Collaborate more with local agencies and community agencies (input)
- Reduce time between call and investigation
- Increase education on laws and updates for all community agencies
- Provide funding for adult day centers and start ups (enables reduction in caregiving stress and thus reducing the possibility of abuse)
- Prevention initiatives
- Educate lawmakers of need and issue on the state level
- Enhanced penalties for elder abuse needs to be enacted & publicized

Ottumwa Group

WHEN: July 27, 2006

COUNTIES:

Appanoose Polk
Lucas Wapello
Marion

ATTENDEES: 10

TOP PRIORITIES FOR CHANGE

A funded protective services agency who's sole focus is on dependent adults and has specialized workers to create a seamless system

Funding for services, Elder Abuse Initiative and Office of Substitute Decision Maker

Training and education of direct care workers, law enforcement and legal community

Attendees:

Dolores Carroll, Lucas County Public Health Nursing, Chariton
Kim Goering, Seneca Area Agency on Aging, Ottumwa
Brenda Light, Griffin Nursing Center, Knoxville
Carol Logan, Wapello County Central Point of Coordination, Ottumwa
Fred Metcalf, Ottumwa Good Samaritan Center, Ottumwa

Sue Potter, Department of Human Services Central Office, Des Moines
Jill Seibert, Department of Human Services, Centerville
Kara Thomas, Ottumwa Good Samaritan Center, Ottumwa
Janice Topliff, Griffin Nursing Center, Knoxville
Beverly VerSteeh, Wapello County Department of Human Services, Ottumwa

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Mandatory Reporting
- Self Determination
- Laws and system of protection for dependent adults
- Background checks

Individual Responses:

- There are more providers of community services so the caregiver can manage better / longer
- More people are aware that there are services out in the community
- The places where the Elder Abuse Initiative is have improved people's lives
- Service systems are better
- Allow for criminal prosecution for abused elders and dependent adults
- Allow elderly and dependent adult to continue to make their own decisions if mentally competent even if others don't agree with those decisions – self determination
- Services and systems are in contact with a percentage of elders, but many are in the community, too proud to accept any form of service so they remain unprotected and vulnerable. Present services and systems are able to protect elders if they are made aware of the need
- Department of Human Services protects dependent adults in service provision for suspected adult abuse. Department of Human Services can then help facilitate services or placement for that individual
- Mandatory reporting – you have to report dependent adult abuse
- Health care workers are required to report dependent adult abuse. These are agencies that assist with calls on dependent adult abuse
- Mandatory reporting – 5 year certification keeps you aware
- Dependent adult abuse laws are there
- Criminal history & dependent adult / child checks for prospective Certified Nurse Aides
- Additional follow up opportunities such as random testing for drugs and additional criminal / abuse records

Question #2

What needs to be improved?

Summary:

- Training of direct care workers, law enforcement and the legal community
- A funded protective services agency who's sole focus is on dependent adults and has specialized workers

Individual Responses:

- Protective service workers who have an understanding of elder issues
- There does continue to be gaps in various areas – both locales and services
- Provide a mechanism to protect after the fact except for the 20 counties Elder Abuse Initiative
- The service delivery system for dependent adults is not prepared to take someone who must be removed from their home immediately. There needs to be some type of interim step, possibly like a hospice environment where there is medical and social work personnel available to meet the needs of the individual immediately until residential, financial and medical qualifications / criteria are met for ongoing service environments
- There needs to be shorter turn around time for dependent adult abuse investigations
- Statewide mandated Elder Abuse Initiative
- Quality of investigations
- Not well, simply because the legal system does not want to accept responsibility for what they feel are more “social work” problems. Law enforcement and county attorneys continue to think in terms of civil problems, not criminal
- Most agencies don't have resources to search out every elderly person in the area to see if they are OK
- Shorten length of time for investigations
- Additional funding of Department of Human Services or whatever regulatory body has the investigative task
- More training for law enforcement agencies, targeted case managers and providers about what to look for in these situations
- Dependent adult abuse laws are interpreted very differently from Department of Human Services office to Department of Human Services office. The idea of developing a consistent understanding of the definitions in the law is critical
- In terms of elder protection, perhaps the protective agencies have too many conflicting focuses... Perhaps these conflicting challenges arise when the state mandates a statewide regulation where as to be more effective, the regulation ought to be more regionalized or custom made for the community the elder individuals reside in

Individual Responses #2 (continued):

- Education – what rights do dependent adults and elderly have to make own decisions, i.e. give sums of money to favorite relative verses inheritance. We don't always make the best choices – recognize elderly and dependent adults don't either – doesn't mean they need power of attorney or guardianship
- Services to keep people safe in their own homes or community
- Medical care to all without confusing plans – universal health care
- Better pay for employees
- A systematic approach should be developed for the department
- Improve status of jobs
- Occasionally, Department of Human Services doesn't appear to respond to reports in a timely manner
- Direct care workers are grossly under paid!
- Do we need a special group of persons at Department of Human Services trained in elder abuse?
- Statewide law enforcement needs to have training to recognize adult abuse and what avenues to take
- The trainings specifically targeting law enforcement and legal community should help
- What also would help is if there was a more active local advisory or multidisciplinary teams
- Need payment system to help pay for services to provide to the client and caregiver and provide regular monitoring
- There does not appear to be a very good tracking system in place when hiring people into the health care field. There is no shared information allowed between employers in regard to possible history of abuse (recent). It will not show up on a criminal background check during an investigation of a person. A person that has possibly perpetrated could go from one job to another, possibly causing harm to someone
- We need continuity for all training
- We need all state wide checks by social security number
- After hire checks
- Certified at the time nurses & Certified Nurse Aides take class

Question #3

What can we do to create the ideal system for protecting dependent adults?

Summary

- Funding for services, Elder Abuse Initiative and Office of Substitute Decision Making
- Education
- Seamless system where investigations and services are housed together and communicate

Individual Responses:

- Provide funding to programs such as home and community based services, case management of frail elders, substitute decision makers, Elder Abuse Initiative
- Have law enforcement to see the elder abuse not just from a crime issue
- Funding the Substitute Decision Makers Act
- Improve political climate to focus on protection
- Education – what rights do dependent adults and elderly have to make own decisions, i.e. give sums of money to favorite relative verses inheritance. We don't always make the best choices – recognize elderly and dependent adults don't either – doesn't mean they need power of attorney or guardianship
- Services to keep people safe in their own homes or community
- Medical care to all without confusing plans – universal health care
- Better pay for employees
- Perhaps having an Elder Abuse Initiative in every county could speed up the process
- Improve status of jobs
- After hire checks
- Help legislators understand the magnitude of these issues
- Be sure founded reports are online quickly as other providers will not hire the same staff and the cycle is repeated
- Develop a placement resource to care for these dependent adults with companion funding or the person can be provided for without extensive research at first
- Educating the public is very important. Agencies only see a small percentage of the elderly population
- Elders should be educated to understand it is OK to report someone taking advantage of them and that they will be protected if they do so. They also should be made aware of types of abuse. Some people take for granted that certain things will happen to them as they age
- Of course a truly seamless system would be best, where investigations and services are housed together, work together, communicate with each other – Now the system is fragmented and no one wants to “take the lead”

Sioux City Group

WHEN: August 4, 2006

COUNTIES:

Calhoun	O'Brien
Cherokee	Plymouth
Clay	Sioux
Lyon	Woodbury

ATTENDEES: 23

TOP PRIORITIES FOR CHANGE

Establish a single protective services system with uniform definitions of dependency, dependent adult abuse, intake process, functioning multidisciplinary teams and specialized adult abuse workers

Create a separate elder abuse system of reporting, services and protections with enhanced penalties

Increased education and public awareness for providers, state staff, law enforcement and county attorneys from reporting to the prosecution

Attendees:

Kellie Aslani, Center for Siouxland, Sioux City
Dennis Baugh, Cherokee Mental Health Institute, Cherokee
Cynthia Beauman, Northwest Aging Association, Spencer
Carol Blum, George Community Good Samaritan, George
Kathi Borrall, Center for Siouxland, Sioux City
Ann Brunken, Center for Siouxland, Sioux City
Rebecca Campbell, Consumer Directed Attendant Care Provider, Spencer
Sandy Dickman, Center for Siouxland, Sioux City
Jana Drew, Department of Human Services, Sioux City
Jamie Grady, O'Brien County Department of Human Services, Primghar
Kara Hitchler, Floyd Valley Hospital, LeMars
Susie Joens, Midstep Services, Sioux City

Pat Lange, Department of Human Services Case Management, LeMars
Jim McManaman, Department Human Services, Orange City
Belinda Mikkelson, Department of Human Services, Rockwell City
Dawn Moore, Midstep Services, Sioux City
Margaret Nelson, North West Iowa Community College, Cherokee
Sharon Nieman, Plymouth County Central Point of Coordination, LeMars
Sandy Pickens, Siouxland Aging Services, Sioux City
Bill Scott, Midstep Services, Sioux City
Marilyn Stille, North West Iowa Community College, Sheldon
Jane Walker, Cherokee Mental Health Institute, Cherokee
Nikki Wince, Village Northwest Unlimited, Sheldon

Question #1

How do the current laws, services and systems help protect elders and dependent adults?

Summary:

- Awareness and education efforts
- Some counties have workers specializing in dependent adult abuse
- System and definitions for reporting abuse & timeliness for follow through
- Services available to help protect vulnerable adults

Individual Responses:

- The more training there is, the more people are likely to report. The current pre-approved curriculums do a good job ensuring that the necessary information is given at the 2 hour trainings. We need to emphasize that there are a lot of vulnerable adults out there who need someone to advocate on their behalf
- Really like the fact that bank personnel are reassured that they can report suspected exploitation
- By increasing awareness and educational levels of people (staff / guardians / family members / legal system representatives, etc.) involved in the care of elders and dependent adults
- Gives us good definitions
- We do have some Department of Human Services workers who specialize in dependent adult abuse
- It helps them feel safe in their environment
- Caretakers know they have a responsibility to give good care and to report any abuse
- Good training to agencies and staff & families who are mandatory reporters
- Provides trainings for recognition of abuse
- Provides reporting guidelines
- Involves pertinent state agencies and law enforcement
- Provides “service” component indirectly through involvement with agencies who can assist with funding for services
- Provides information component – better awareness
- Trying to create a system
- Give a definition of who dependents are, who caretakers are, and what types of abuse exist
- Department of Human Services has workers who specialize in working with this group of individuals
- Rules – require application to teach
- Regulations clear
- Currently required renewal every 5 years – keeping updated
- Agencies available for help
- Alert staff to issues that can be considered abuse
- Raise awareness of needs in community especially with changing costs for medical care / services

Individual Responses #1 (continued):

- Because of current laws services and system more cases are being brought forward to the public attention
- By investigating the reports received
- By bringing in services to elders who otherwise have no one to help them
- By having someone to contact and check into the situation when a referral has been made. Services in the home assists in knowing if the original referral has been corrected or if it continues and changes need to occur. Also allows for consumer to be able to stay at home rather than be removed or committed
- Registry – checking before employment
- Civil / criminal sanctions for abusers
- Home based services to keep elders in home safely as long as possible
- Awareness as to what “abuse” includes
- Collect statistics for education purposes
- Defines mandatory reporters verses permissive reports
- Covers spectrum of possible abuse
- Empowers staff to make reports
- “Specific” timeline for investigations
- Department of Inspections & Appeals investigates for facilities, Department of Human Services does others
- Makes service providers, families, institutions accountable for the care
- Hopefully take care of exploitation – Money, sexual etc.
- Help protect and provide services needed
- Enhance knowledge of situations
- Area Aging Services – advocate for elders
- Extensions allowed – need more time especially if asked by county attorney
- Incest against dependent adult – now need to register – protects dependent adult
- Guardian or conservator can be the person responsible for the abuse – under the law
- Calling Department of Inspections & Appeals or Department of Human Services first – cutting out going to the supervisor first
- Added mandatory reporters – elder group homes – assisted living and adult day care
- Multidisciplinary meetings
- Required mandatory reporter training for facilities that work with the elderly and broadening the list of people who are mandatory reporters
- The use of multidisciplinary meetings
- Number center of Siouxland – dial 211 for referral
- Address specific groups
- Establish agencies with responsibilities
- Gives elders and dependent adults avenues of resources
- Communication between elderly agencies and law enforcement doing a better job
- Dependent adult abuse registry everyone needs access to this information
- New legislation gives people more authority to handle certain situations
- Increased awareness of public as well as workers within the system

Question #2

What needs to be improved?

Summary:

- Training improvements for methods of delivery. Who can train and how often training needs to occur
- Fund a public education and awareness campaign for adult abuse and where to report
- Better define agency roles, dependency, and fund adequate staff to investigate abuse complaints
- Development of a system to keep dependent adults safe when removed from harmful situation
- Create a separate elder abuse system of reporting, services and protections
- Fund a protective services system and provide for ongoing services or support
- Centralized intake process that takes reports and knows the dependent adult abuse system

Individual Responses:

- The power of attorney that needs to be addressed so families can't take advantage of finances. Families need to know they should not be allowed to take resources so they use that money for medical needs, rent, food
- Families need services on how to care for the elderly (education) (support system) so they don't live in filth (dirt)
- Better control over who teaches and method
- Action on the complaints are slow
- Report system in place – is it working?
- Training is happening – not enough
- Universal course [mandatory reporter]
- Better definition
- I really feel the current laws do not protect our elders very well
- Follow up on those teaching
- Need more investigative entities and then penalties appropriate to change. Courts need to be more responsible with quicker results that will protect individuals and take them out of harm's way of the perpetrator sooner
- Maybe have 2 hour required first time by face to face and then every 5 years a review and update
- An easier way to report – one entity taking information and following through the whole investigation
- Dependent adult abuse register needs to be combined with registered sex offenders
- They need to make it free of cost or reduced fee (court costs) for an appropriate person to become a payee, guardian, or conservator for a consumer
- What about internet forms?

Individual Responses #2 (continued):

- It is difficult at times to have the intake person ever take the report. It was my understanding that each report given must be taken and at least looked at. Not to have the intake person decide if it is a good or viable report or not
- Not appropriate funding
- Public awareness on how to report to assure no repercussions
- Mandatory reporters should 'always' include child and dependent adult
- Clarify what county abuse should be reported to
- Dependent adult abuse needs to be clearer
- Talk about being private citizen and what your responsibilities are for elder abuse and child abuse—should you get involved or not; on the job yes; outside of work?; who to call police, Department of Human Services?
- Public education
- Buy in by law enforcement and legal community (i.e. county attorneys)
- More focus by Department of Human Services – or alternate path other than Department of Human Services
- More “press” on founded cases to increase public awareness and get public sympathies behind the effort
- Funding
- Limit or better defined agency roles
- Give agencies adequate staff to investigate, field questions and communicate to field
- Better coordinate education and training. Become pro-active, not reactive
- Reports of dependent adult abuse need a more rapid turn around time and better team work from one agency to another agency
- Consistency across the state by Department of Human Services
- Utilize current systems to increase awareness and education i.e. Resident Advocate Committees (RAC), ombudsman
- Increase penalties to abusers
- Registry – public notice as for sexual abuse
- Separate law for “elder abuse”
- Entities are doing best they can and has improved but we need more. Need more shelters; need people, especially those that are mandatory reporters to really take abuse seriously. To bring awareness of “abuse” to the forefront, education needs to be increased – not just every 5 years. More public awareness through media & pamphlets, public health agencies, hospitals, nursing homes, service clerks need to do more public informing
- Updating curriculum on an ongoing basis or at least every year
- Public awareness to service agencies like Lions and churches
- Funding
- The investigation and reporting process, as we “teach” staff to report suspected abuse, we have some who are reporting extremely minor things to their supervisors (i.e. things that may have been accidental) at what point can a supervisor determine that it is not necessary to report it to Department of Inspections & Appeals? It is very time consuming (and difficult for the “alleged” abuser) for both our staff and Department of Inspections & Appeals. How do you teach common sense?!? Can more control be given to the supervisor about when it is necessary to call?? (Even though it is taught that they must call directly, they often approach the supervisor first)

Individual Responses #2 (continued):

- For counties that do not have the Elder Abuse Initiatives, what if you're not happy with the decision not to investigate
- Funding of course
- What can actually be done to keep our dependent adults safe when removed from a harmful situation and no place can be found for him/her to go?
- Policy is needed but what can we do with scenarios of removal
- Conservator paperwork on-line - is legally binding – can become quite an issue
- Like the idea of less curriculums (1 main one; not 2000)
- Retraining of staff every 2 – 3 years instead of every 5 years
- Periodic review of approved curriculum. State level representative review
- Clarification of county to report it to
- Definition of dependent adult
- Enact elder abuse definition – Older American's Act
- 2000 curriculums unnecessary
- Clarify which county to make reports to and, what if that county doesn't agree on the criteria
- Iowa needs a separate definition and law regarding elderly abuse (older Iowans law)
- The needs of the elderly are different – no support system
- Training of staff on recognizing signs and symptoms of abuse; who staff needs to call
- More funding
- More education on definition of a caretaker
- Promote / provide awareness to public – especially family members caring for aging family members giving them enough information to recognize when some type of abuse or financial exploitation is occurring?
- Funding
- When a report is made, the return decision seems to come back unfounded. There is a wide range of issues and it is too hard to pin the problem down. So the problem continues and the problem goes on and on until it is reported a dozen times
- We need more help from doctors and mental health doctors to say clients need help instead of saying the client is able to handle her or his problems even though they are 6 months behind in rent, utilities shut off and have 6 payday loans
- Education
- Communication
- Training on the adult protective service level or enforcement of rules
- There may be rules or laws but are they being followed – at times it doesn't appear like they are. Implementing and making sure the rules or laws are followed. Not just someone's opinion if this is appropriate referral. More staff to get things done in a timelier manner
- Make elder abuse a law to be investigated
- More awareness to the public that dependent adult abuse does happen and what people can do to either prevent or report
- More money for services in the home
- Educate consumers that they can/should report if they feel they are being abused
- More communication between provider agencies, law enforcement, DHS on situation

Individual Responses #2 (continued):

- Work as a team
- Harder penalties if elder / vulnerable adult has been abused
- More questions and answers (Q&A) for providers who care for consumers – see a lot of fraud
- Change these legal documents to be more specific to independent / an individuals needs: General Power of Attorney; Guardianship or Conservatorship; Financial Power of Attorney
- Slim down agencies, too many hands in the cookie jar. Many are reporting, but let 1 agency handle the problems
- Distrust of the system – not enough staff, money, education to respond to allegations of abuse
- Ability of caregivers to recognize signs of abuse
- Too many agencies to report to – too confusing (Abuse Education Review Panel approves curriculum; Dependent Adult Protection Advisory Council – system problems; Department of Human Services – community abuse; Department of Inspections & Appeals – facility abuse)
- As more legislation added, agencies involved in the subject matter become more difficult to teach and staff to understand
- Timeframes are unrealistic at times
- Reporters are out of loop regarding investigative process
- Different phone numbers for facility based verses other abuse
- 800 number voice mail is full
- Unknown injuries being reported and investigated and called in – wasting resources
- Make a one stop shop
- Financial backing for community service
- Not make it a scary/threatening thing to do when reporting
- Power of Attorney papers – more specific
- Need more emergency services
- More training & information to Department of Human Services worker doing dependent adult abuse assessments
- Communication with area agency and their policy and procedures
- Information given to public
- More area agencies on aging around the State of Iowa [Elder Abuse Initiatives]
- Advocate and support people reporting suspected abuse
- Having a professional staff who is designated to investigate abuse focus just on adult abuse
- Continue to educate people – law enforcement, county attorneys
- More options available to address safety concerns of an elderly person who is at a high risk of abuse
- Better communication between people

Question #3

What can we do to create the ideal system for protecting dependent adults?

Summary

- Education
- Elder abuse law
- Funding
- A single protective service system to investigate, regulate and develop service plan
- Remove stigma
- County attorney and law enforcement involvement
- Specialized and more workers to investigate cases
- Expand the definition of dependent and have a consistent interpretation
- Emergency shelters and other services for protection
- Prosecution of abusers
- Prevention efforts
- System needs to be responsive to victim and to mandatory reporter
- Increased penalties
- Multidisciplinary teams need to meet

Individual Responses:

- Regarding a specific situation in Sioux City – how about some training to local hospitals as to the needs of the mentally retarded residents who also have a mental injury? They are not treated fairly and have been turned away
- Need more publicity and education
- Enact the federal elder abuse definition
- Increase education, different agencies, know who to work with
- Better legislation which means becoming involved
- Increased funding
- Establish one group to be responsible. It could be a combined task force / council, but give them powers to regulate and coordinate service delivery
- Develop a better system to communicate to providers and persons that need to be kept current of laws
- Centralized entities
- Remove stigma
- Centralize the program
- Educate – Train the Trainer is a good thing (one way of training)
- More legislative dollars

Individual Responses #3 (continued):

- Community needs to speak up
- Remove stigma
- Cultural sensitivity included in training
- Increased communication on the “flow chart” of the process
- Fund it
- More mandatory reporters
- Educate, educate, educate!
- More public awareness includes anyone with connection with elders be reporters – example: cosmetology, senior citizen program, church leaders, english as a second language teachers
- Have police work better with social worker / case managers / judges
- Specific laws
- Streamline fragmented and overlapping duplications in current system
- Find a “home” for system – continue to collaborate but delete duplication
- Make the language easier for the average person to understand – especially those with english as a second language needs
- Remove stigma – make it a positive to report; not a negative: promote idea of help all involved rather than purely punitive
- Find a way to help with self neglect issue
- Better understanding of Dependent Adult Protection Advisory Council (DAPAC)
- Have one agency handle all problems, then let them decide whether a crime has been committed and then go to correct branch after that
- Have a stricter punishment –jail time for (child abuse also) serious consequences
- Make it public – they do it again and again and get away with it in the community - State of Iowa try to get more Department of Human Services workers for investigating cases
- Educate the elderly on their rights to help protect themselves from abuse
- Help in educating the elder to help them recognize what abuse may be – give it to them in simple terms
- Follow up when someone reports abuse in a way that they know an issue has been addressed
- Helping the victims to feel secure in knowing if the abuser is wrong that they are made aware and follow through occurs
- It seems to me that some of the rules need to be made larger so we can help people instead of being told they can handle their affairs themselves so no one can assist them
- Continue creating awareness by public forums
- Obtain funding for more active programs that are created to focus on protecting adults – Too many agencies have to multi-task and therefore lack focus on the dependent adults
- Training and education of staff and community
- Sometimes there is a report and the person needs to be removed from the home environment but the person has no place to go due to not appropriate for nursing home or hospital. Set up “shelters” for that person for safety until services can be implemented or future housing

Individual Responses #3 (continued):

- When a report is founded it seems like nothing happens to the person who did the abuse. Ex. I had a case that was founded due to the types of abuse (the person was purposely given incorrect medication doses) and depriving care. The elder ended up having a stroke and just died. Nothing is going to happen to the caregiver involved. Not even a slap on the hand. I feel these people need some type of punishment
- Make public aware of what could happen if discovered doing abuse
- Lobby for more money for service delivery
- Have more collaboration between agencies
- Continue with educating providers, agencies and consumers on what dependent adult abuse is and who to contact
- More funding
- Identify isolated older adults before abuse occurs
- Education to caregivers
- One 800 number and calls are routed from there
- Reporters need to know something is being done –regardless of outcome
- Protection for reporters? Possible consequences for falsely reporting abuse. Think about staff having to report their supervisors and having fear or retaliation or staff making false reports to get back at co-workers, bosses or ex-bosses
- Cut down on red tape
- Across the board work rules, reporting requirements
- Increased penalties
- Increased workshops
- Ability to feel we can do something through legislation
- More services
- Open communication
- More education to providers and the community
- More incidents need to be reported
- Advocate for elderly
- Mandatory multidisciplinary meetings
- Educate people and give opportunities to attend trainings
- Increase awareness of elder abuse
- Have consistent definitions of what classifies as dependent adult
- People (professionals) working together and not getting frustrated
- Be organized / make elderly abuse a priority